DONATION FORM

Don't forget if you are a UK taxpayer please make every pound

you give worth 25% more by ticking the Gift	Aid declaration.
giftaid it Tick here to increase the value of all donations I have and all future donations until I notify you otherwise. pay an amount of Income Tax and/or Capital Gains Tax that is at least of that all charities and Community Amateur Sports Clubs (CASCs) that I contains in the tax year. I understand that other taxes such as VAT are and that the charity will reclaim 25p of tax on every £1 that I give. Your details	equal to the amount of tax donate to will reclaim on my
Title First Name or initial(s)	
Surname	
Full home address	
Post c	code
Email	
We hope you would like to occasionally receive information from Please be assured KASIN does not pass contact details to any on the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details being kept of the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the Please tick if you agree to your contact details the your your your your your your your your	other organisation.
Please tick if you do not require a receipt. It will help KAS	IN to save money.
Please tick if you would like details of how to leave a legal	acy to KASIN in your Will
Please return this Form with your completed Star	nding Order Form to:
KASIN, Wishing Well Croft, Hanlith, Skipton, North	Yorkshire BD23 4BP

Standing Order Supporting Kids at School in Nepal

Please complete this form and return it to the address below, <u>not</u> your Bank	
Bank / Building Society name	
Branch address	
Post code	
Name of account holder(s)	
Account number Sort code	
I authorize you to debit my/our account with the sum of £	
Monthly Quarterly Half Yearly Yearly (Please tick)	
Date of first payment//(Allow 21 days for processing)	
until further notice or final payment date//	
Signed Date/	

KASIN is registered as a Charity in England and Wales, No 1111461