Khiraule Education and Health Project
Membership and Donation Form and Gift Aid
One person per form please
Name
Address
Post Code
Phone
email
Membership amount (min £15 per year)
Single donation amount
Cheque Cash Online* Standing Order*
Payable to "K.E.H.P." *see mandate form for bank details
Yes I would like KEHP to claim <b>Gift Aid</b> on any donations I have made in the last 4 years and on any I will make in the future until further notice. I confirm that I pay sufficient UK Income/capital gains tax to cover any tax that KEHP will reclaim from my donations.
Date Signature
Khiraule Education and Health Project,
Barbondale Cottage, Barbon, Carnforth, LA6 2LS Tel: 01524 276422 email: kehp@hotmail.co.uk

## **Khiraule Education and Health Project**

## Standing Order Mandate One person per form please

Your Bank Name
Bank Address
Post Code
Bank sort codeYour account no
Your account name

Please pay: NatWest Bank, sort code 01-04-66 Account No 33650845 Account name K.E.H.P. The amount of: £ ......per month\*/\*year, starting(date)..... \*please delete one Quote Payee Ref: KEHP Membership or KEHP Donation

Date ...... Signature.....

PLEASE SEND THIS FORM AND YOUR MEMBERSHIP AND DONATION FORM TO KEHP. WE WILL SEND THE FORM ON TO YOUR BANK AFTER REGISTERING YOUR DETAILS. WE WILL NOT DIVULGE YOUR PERSONAL DETAILS TO ANY THIRD PARTY.

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