

# African Child Trust (A.C.T.)

5A Russell Hill Parade, Russell Hill Road, Purley, Surrey CR8 2LE  
UK Registered Charity No.1074911



## Please Sponsor a Child

You can make a difference in the life of a needy fatherless child or orphan in Africa. If you give £15 each month for one year you will provide school education, school items and enough for one meal a day for the child. If you give £25 each month you can help pay University fees and cost of living for a student and with £30 a month you can help to provide training for a widow.

Tell us how many children you would like to Sponsor

Tick if you wish to receive information about your sponsored child

I would like to support an ACT project with a regular gift

Monthly £15 £30 £45 £60 Other £\_\_\_\_\_ (please state)

Quarterly £45 £90 £135 £180 Other £\_\_\_\_\_ (please state)

Yearly £180 £360 £540 £720 Other £\_\_\_\_\_ (please state)

OR

I would like to make a one off donation of £\_\_\_\_\_ (I enclose a cheque made payable to African Child Trust)

## Please complete this section

Full Name: Dr/ Mr/ Mrs/Miss \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Gift Aid

Yes, I am a UK tax payer and would like ACT to reclaim the tax on all my donations. Please note that you should currently be paying an amount of income tax and/or capital gains tax at least equal to the tax that we reclaim on your donations in the tax year.

## Standing Order

Please pay A.C.T. (African Child Trust) starting from \_\_\_\_/\_\_\_\_/\_\_\_\_ and until further notice.

Branch Sort Code

Bank/ Building Society Account Number

Name and full address of your Bank or Building Society

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Payable to HSBC plc, 42 Chipstead Valley Road, Coulsdon, Surrey CR5 2RA.  
(Sort Code 40-18-44) for the credit of A.C.T. (African Child Trust) Account No. 91124420

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Credit Card

I would like to give £ \_\_\_\_\_

Visa    Mastercard    Delta    Maestro    CAF Card    Eurocard    JCB    Solo

Card No.

Expiry Date    -

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form to ACT, 5A Russell Hill Parade, Russell Hill Road, Purley, Surrey CR8 2LE