Response Form

☑ **YES, I would like to Sponsor a Nurse in Kabubbu**

- ☐ £ 10.00 per month towards general health professional costs and nurses' wages
- ☐ £ 25.00 per month towards general health professional costs and nurses' wages
- ☐ £ 50.00 per month towards general health professional costs and nurses' wages
- ☐ I would prefer to donate monthly by Standing Order **Please complete the form below**
- ☐ I would like to make a one-off donation by cheque made out to Quicken Trust
- ☐ I am a UK taxpayer and pay Income Tax or Capital Gains Tax and wish to make all my donations as Gift Aid donations (see* below) **Please tick box**
- ☐ Please contact me about a presentation for my Company / Church / Club / School
- ☐ Please send me information on other work by Quicken Trust in Kabubbu
- ☐ Please add my details to your mailing list and keep me informed of developments by:

☐ Post ☐ Email ☐Telephone

I note that Quicken Trust will not sell or loan my address details to any other organisation

Title: Forename(s): Surname:

Address:

Postcode: Phone:

Email address: Signature:

[NB: 100% of your Sponsor a Nurse donation will be allocated to a restricted fund for Health]

*Gift Aid means that £10 can become £12.50 if your donation is made through this scheme. Imagine what a difference you can make and it doesn't cost you a thing. To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year. When donations are given under Gift Aid we may use the corresponding tax reclaimed for the general purposes of the Trust and not necessarily for specific projects.

Please complete this section to pay by STANDING ORDER through your Bank/Building Society

Quicken Trust will photocopy and mail the original to Bank/Building Society.

Once the standing order is set up it will destroy the photocopy

To: .... Bank/Building Society
Address: ....
..
Account No: .... Sort Code: ....

Pay to: CAF Bank, West Malling
In favour of: Quicken Trust
Account No: 00088771
Sort Code: 40 - 52 - 40

The sum of £ .... on .... / .... / 20 _ _ and *monthly / *annually until further notice

(* delete whichever is not applicable)

Signed: ....
Name (*Please print*): ....
Address: ....
Post Code: .... Email: ....
Phone: .... Mobile: ....

Please print this page, complete relevant sections and mail to:

Quicken Trust PO Box 113 Hailsham BN27 4US

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