



## Donation Form

I would like to help bring a shining life to children and their families in Sri Lanka by donating:

- £10 a month       £25 a month       £50 a month  
 £100 a month       other amount £\_\_\_\_\_
- I am unable to give regularly but would like to make a donation of ....  
A cheque is enclosed.

## Standing Order

Name:.....

Address:.....

Telephone:.....

E-mail:.....

To the manager of:.....

*(insert the name of your bank)*

Address:.....

*(insert the address of your bank)*

My Account Number:.....Sort Code:.....

Please pay Shining Life Children's Trust, CAF Bank, West Malling, Kent.

Sort Code 40-52-40    Account Number 00016399

Amount:.....Date of first payment:.....

Reference:.....*(insert your last name)*

Please tick here if you would like Shining Life Children's Trust to reclaim the tax you have paid on all donations made in the last four years and any future donations. If you are a UK tax payer, this enables us to increase your donation by 25%. In order for Shining Life Children's Trust to reclaim the tax you have paid on your donation you must have paid income or capital gains tax (in the UK) equal to the tax that will be claimed (currently 25p for each £1 you give).

Signature:..... Date:.....

You can cancel this declaration at any time by notifying the charity.  
Please return your form to the address below.

**Thank you for your support**

02/13