



DONATION FORM

E-mail: info@rippleafrica.org
 Website: www.rippleafrica.org

Yes! I want to support Ripple Africa by making a donation

Title:		First Name:	
Surname:			
Address:			
Town:		Post/Zip Code:	
County:		Country:	
E-mail:		Tel:	
To donate to a specific project, please give the Project Name. If the project is over-subscribed, we will use your donation where it is most needed unless you indicate otherwise.			
I want to make a MONTHLY donation of:		Standing Order — Regular Payment	
I want to make a SINGLE donation of:		Cheque / Cash / Direct Bank Transfer – see below	

Standing Order: Your payment must be a minimum of £5 per month / £60 per year.
 Please complete the form below **IN CAPITALS** and return it to **Ripple Africa** (address below) and **NOT** to your Bank
For the Attention of the Bank Manager: Please continue payment until further notice.

Bank/Building Society Name:					
Bank/Building Society Address:					
Account No:		Sort Code:		Account type:	
Name on Account:					
Amount £		In Words:			
Date of First Payment:				Frequency:	Monthly
Instruction to your Bank / Building Society: Please pay: Lloyds, Leighton Buzzard Branch , Sort Code: 30-14-71 Account No: 00796609, Account Name: Ripple Africa from the account detailed in the instruction above.					

Cheque / Cash / Direct Bank Transfer (use the Lloyds account as detailed above)
 (Delete as applicable) (Cheques can be made out in your normal currency)

I enclose a cheque made payable to Ripple Africa / cash / I have made a direct bank transfer to the va
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<input type="checkbox"/> Gift Aid Declaration: Yes, reclaim Gift Aid on all my donations so that each £1 is worth an extra 25p to Ripple Africa. This declaration is valid for the current tax year (6 April to 5 April), the previous four tax years and all future years. I am a UK tax payer and pay an amount of UK Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the Gift Aid that will be claimed on my donations. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on my donations in that tax year it is my responsibility to pay any difference. I am donating my own money and the funds have not come from anyone else or from a collection. This donation is not the proceeds from sales of goods or services or the sale of tickets. I am not donating in return for a benefit such as a ticket to an event, a raffle, or as part of an auction. (Please let us know if you change your name, address or no longer pay sufficient UK Income Tax and/or Capital Gains Tax.)

<p>Keeping in touch: Please tick as to how you'd prefer to hear from us about our work in Malawi.</p> <p>Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/></p> <p>We do not share your personal information with any third party. You can change these preferences at any time.</p>
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Signed: _____ Date: _____

Return to: Ripple Africa - Whiteleaf Business Centre - 11 Little Balmer - Buckingham - MK18 1TF - England

Company Registration Number: 4823686 England · UK Registered Charity Numbers: 1103256 (England & Wales) and SC043082 (Scotland)

Thank you for your kind and generous support – it really means so much!

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First Name:				Last Name:			
Address:							
City:				State:			
Zip Code:				Phone:			
E-mail:							
<p>To donate to a specific project, please give the Project Name. If the project is over-subscribed, we will use your donation where it is most needed unless you indicate otherwise.</p>							

I wish to make a SINGLE donation of:		Check / Debit Card / Credit Card
I wish to make a MONTHLY donation of: <i>(must be minimum of \$10 per month / \$120 per year)</i>		Debit Card / Credit Card

Payment Details *(for use of credit / debit cards)*

Name on the Account:							
Billing Address:							
City:			State:			Zip Code:	
Credit / Debit Card Number:							
Expiration Date:				Security Code:			
				<i>(3 digits on back of card)</i>			
Amount \$:			Frequency:				
			<i>(circle response)</i>	One-Time		Monthly	
Recurring Monthly Donation Start Date:							
	<i>(start date must be on 1st or 15th of the month)</i>						

Authorization *(Please check appropriate box, sign and date)*

- Please find enclosed check as my donation to Ripple Africa.
- I authorize Ripple Africa to charge my credit / debit card account for a one-time donation.
- I authorize Ripple Africa to charge my credit / debit card account on a regularly scheduled basis, beginning on the start date indicated above. I reserve the right to cancel at any time via written notification.

Signed: _____ Date: _____

Return to: Ripple Africa · 6979 74th Street Circle East · Bradenton, Florida · 34203

Tax ID: 26-2059213 · E-mail: contact@rippleafrica.org · Website: www.rippleafrica.org/usa/

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