



# DONATION FORM

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 <b>MONTHLY</b> donation of:		<b>Standing Order</b> — Regular Payment	
I want to make a <b>SINGLE</b> donation of:		<b>Cheque / Cash / Direct Bank Transfer</b> – 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
<b>Instruction to your Bank / Building Society:</b> Please pay: <b>Lloyds, Leighton Buzzard Branch</b> , Sort Code: 30-14-71 Account No: 00817711, 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 <b>cheque made payable to Ripple Africa / cash</b> / I have made a <b>direct bank transfer</b> to the va	
--	--

<input type="checkbox"/>	<b>Gift Aid Declaration:</b> 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.)
--------------------------	--

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

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!**



# DONATION FORM

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

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

**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 1<sup>st</sup> or 15<sup>th</sup> 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 74<sup>th</sup> Street Circle East · Bradenton, Florida · 34203**  
 Tax ID: 26-2059213 · E-mail: [contact@rippleafrica.org](mailto:contact@rippleafrica.org) · Website: [www.rippleafrica.org](http://www.rippleafrica.org)

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