

Operation  Smile



☐ **£150** helps provide cleft surgery for a child ☐ **£15** pays for antibiotics for 10 children

☐ **£50** helps pay for medical supplies for an operation ☐ My gift of £ _____

Email _____

Issue No.

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 MAESTRO ONLY
Signature _____

OR give on 020 3475 5126 or operationsmile.org.uk



**FUNDRAISING
REGULATOR**

Before sending your gift, please let us know how you wish to be contacted, and whether you are eligible to claim Gift Aid by completing the reverse of this form.

I would like to help Operation Smile to provide new smiles, and new lives for even more children. Here is my monthly gift of:

☐ **£5** ☐ **£10** ☐ **£12.50** /month provides surgery for a waiting child. My choice £

Mr/Mrs/Ms/Miss/Other First Name _____ Surname _____

Address _____

Postcode _____

Phone _____ Mobile _____

Email _____

Instruction to your Bank or Building Society to pay by Direct Debit.



To: The Manager

Bank/Building Society

Address _____

Postcode _____

Originator's ID Number

4 4 4 8 1 3

Name(s) of Account Holder(s) _____

Instruction to your Bank or Building Society:

Please pay Operation Smile UK Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Operation Smile UK and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society Account Number:

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On what day of the month would you like to pay your monthly Direct Debit?

1st ☐ 8th ☐ 15th ☐ 22nd ☐ (please tick preference)

Branch Sort Code

			-			-		
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Signature _____

Today's date ____ / ____ / ____

Registered with



**FUNDRAISING
REGULATOR**

Banks and Building Societies may not accept Direct Debit instructions from some types of accounts.

Please don't forget to tick here and make your gift worth even more.

Make your donation worth 25% more at no extra cost to you *giftaid it*

☐ Yes, I am a UK tax payer. I would like Operation Smile to treat all donations that I have made over the past four years and all donations that I make now and in the future as Gift Aid donations unless I notify you otherwise. I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and CASC that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Your gift is changing children's lives and we would like to show you the impact you are making. We will send you information about our work, campaigns and fundraising:

☐ Don't contact me by Post

☐ YES, contact me by Phone

☐ YES, contact me by email

☐ YES, contact me by SMS

☐ Please send me information on leaving a legacy to Operation Smile in my will

You can change your personal details or request that we stop contacting you at any time. Call 0203 475 5126 or email info@operationsmile.org.uk. Operation Smile will not sell or swap your details with any other organisation.

Thank you from the children whose lives will change because of your gift.