

# DATABASE UPDATE

We are transferring all our information to a new database and would be grateful if you could confirm your correct details, using this form or by email headed "Database". Thank you.

## YOUR CONTACT DETAILS (PLEASE PRINT)

Title ..... Surname .....

First name(s) .....

Preferred name (if different) .....

Address .....

..... Postcode .....

Home Telephone ..... Mobile .....

Email .....

Name and address of Church/School/Organisation associated with:  
.....

How did you hear about Smile? .....

## MAILING LIST - Please:

Update my details as above     Delete me from your mailing list

Add me to your mailing list. Please send ..... copies of the Smile Magazine/Update every mailout

Do not send Magazines/Updates, I receive these from other sources

Send Magazines/Updates/News Bulletins by email

Email: .....

## LITERATURE - Please send me:

Sponsor a Child leaflet

Sponsor a Widow leaflet

Shoebox leaflet

Ministry Trips/Career Break brochure

Alternative Gifts catalogue

Gap Year brochure

Merchandise leaflet

Aid Guidelines leaflet

Legacy Giving leaflet

## I AM INTERESTED IN:

Having a Smile speaker (please give details of your requirements)

Becoming a Smile collection point for aid/shoeboxes

Becoming a Smile Local Coordinator

Becoming a Volunteer     Becoming a Friend of Smile Centre Kosova

Please add me to your Prayer Partner list for monthly prayer calendar

By Post    OR     By Email

(Choosing the email option will help to save our costs. Thank you.)

Email: .....

Smile literature and prayer calendar are also available as downloads from our website.

*Please turn over*

# RESPONSE FORM GENERAL DONATION



If you would like to donate online please visit:  
[www.justgiving.com/smileint/donate](http://www.justgiving.com/smileint/donate)

I/We\* enclose a cheque payable to Smile International of £ .....

**OR** Mastercard  Visa  Switch  Solo  Delta

Card No.

Expiry date   /   Issue No. (Switch only)

Start date   /   Amount to be debited £ .....

Name on Card (Please print).....

Cardholder's Signature ..... Date .....

**WE WILL REQUIRE YOUR 3 DIGIT SECURITY NO. PLEASE PROVIDE YOUR CONTACT NUMBER FOR THIS PURPOSE ONLY.**

Tel .....

Gifts £10 and over will be acknowledged if you tick the box

## GIFT AID DECLARATION (Please fill in for one person only)

*giftaid it*

I am a UK tax payer and I would like Smile International to treat all donations I have made as well as any future donations as Gift Aid until I notify them otherwise.  YES  NO

I understand that I must have paid an amount of tax or capital gains tax at least equal to the amount of tax that the charity will claim in the tax year.

Signature ..... Date .....

## REGULAR GIVING

I/We\* would like to support Smile International on a regular basis.

Please pay: HSBC Bank plc, 9 Station Square, Petts Wood, Orpington, Kent, BR5 1LR for account of **Smile International**  
Sort Code 40 36 17 Account Number 61369113

The sum of £ ..... Every month  year

Starting on (date)   /   /    until further notice

To (name of your bank) .....

At (your bank's address) .....

Name of Account .....

Bank Account Number ..... Bank Sort Code .....

Signature ..... Date .....

Please return completed form in the pre-paid reply envelope or return to:

**Smile International**, PO Box 3, Orpington, Kent, BR5 1WZ, UK  
**T** 01689 870932 (9am-5pm Mon-Fri answerphone at all other times)  
[info@smileinternational.org](mailto:info@smileinternational.org) **www.smileinternational.org**