

TRIP REMITTANCE FORM

Type of Trip: Career Break Gap Year Step Out Other _____

Country applied for _____ Start Date of Trip _____ Return Date of Trip _____
(if known)

Title _____ Forename(s) _____ Surname _____

Address _____

Postcode _____

Email Address _____

PAYMENT DETAILS

**delete as appropriate*

I wish to pay a deposit of £ _____ OR I wish to make an instalment/final/full* payment of £ _____

By Cheque – please make cheques payable to “Smile International” and write your name, address, trip country and trip dates on the reverse of the cheque.

By Debit card Type: _____ *There is no extra charge for debit card payments.*

By Credit card Type: _____ *Please add 2% to your amount if paying by credit card (subject to a MasterCard minimum of £2).*

We are unable to accept Diners Club or American Express cards.

Please charge to my account number

In order to process your credit card payment, we require your 3-digit security number. For security reasons, please do not write your 3-digit security number on this form. Please provide a daytime contact telephone number:

Tel _____

Start date Expiry date Issue number (some debit cards)

Name on card _____

Address to which card is registered (if different from address given above):

DONATION DECLARATION

I wish to make a donation of £ _____ towards the work of Smile International. (Please see General Information)

Cardholder's signature _____ Date _____

GIFT AID DECLARATION



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. I understand that I must pay Income Tax or Capital Gains Tax equal to the tax that will be claimed by Smile International in that period.

Signature _____ Date _____