www.africanvision.org.uk Registered Charity 1113786



Please send form to: info@africanvision.org.uk or P.O. Box 851A Kingston upon Thames KT1 9FD

Your details:

## **Creating Lasting Change**

Mr/Mrs/Miss/Ms Initi	als	Surnar	ne								
Address											
			Post	code							
Email											
(Email is the quickest, chea	pest and most e	nvironme	entally friendly n	netho	d of	cont	act)				
I would like to sponsor a	student throug	h secon	dary school wit	h a m	onth	ılv ø	rift o	of:			
£20.00 over 4 years (who			E20.00 for one ye			<i>y</i> 8	,,,,,,				
Date of first payment:											
Name(s) of account holde	er(s):										
Sortcode:											
sortcode.			Account number:								
For the attention of the B	Rank Manager	L				1					
Note to paying bank: Pleas		nding Oro	ler								
Bank name and address											
Postcode											
Signature:			Date:								
In atmostices to years hards //e	ilding as sister.	Dlaggana	vy African Vicion	Mala	<del>.</del> (T	Zawal	larra	Dan	1-		
Instruction to your bank/b Plc Leicester LE87 2BB Acc detailed.											
Alternatively you can sup	pport a student	with a o	ne off payment								
I have included a cash/che	eque payable to '	African V	ision Malawi' for	£960	) (wh	nole	payı	ment	t)		
I have included a cash/che	que payable to '	African V	ision Malawi' for	£240	) (on	e ye	ar)				
giftaid it If you ar you don Yes I would like Afr years, and all future		<b>cost to y</b> awi to tre	<b>ou</b> at all donations	I have	e mac	de in				ry £	1
Tax payer's name				Date							

<sup>\*</sup>the amount of tax re-claimed by African Vision on your donation at the basic rate of tax must not exceed the amount of income and/or capital gains tax you pay in any tax year. Please inform us if your donations cease to qualify.