



Help us give them the smile they deserve

For just £15 a month, Dentaaid is able to provide a free check-up, treatment, oral health education and toothbrushing for a whole year for them....and thirty of their friends!

Become a Partner in Action with Dentaaid and help support programmes like these.

Partners in Action with Dentaaid

Title	First Name	Surname
Address		
City/Town	County	Postcode
Phone	Email	

I/we would like to become Partners in Action with Dentaaid by:

- Setting up a regular standing order of _____ per _____
- Making a one-off donation of £ _____

Please complete both sides of this form!



Become a Partner in Action with Dentaaid

Partners in Action with Dentaïd



Gift Aid Declaration (please tick the box(es) as appropriate)

Please treat the following donations as Gift Aid donations:

- All donations I make on or after the date of this declaration.
 The donation of £ _____ I made on ____ / ____ / ____
 All donations I make under the Standing Order Mandate of £ _____ per year.

By completing this section we can increase the value of your gift by 23% at no extra cost to you

In making this declaration I understand that I must pay an amount of income tax and/or capital gains tax for each tax year (6th April one year to 5th April the next year) that is at least equal to the tax reclaimed by Dentaïd in that year. I realise that I may cancel this declaration at any time and that, after notifying you of cancellation, no further tax will be claimed.

Signed

Date



PLEASE RETURN TO
DENTAID, GILES LANE, LANDFORD,
SALISBURY, WILTS, SP5 2BG

IMPROVING THE WORLD'S ORAL HEALTH

Standing Order Mandate - Your bank details. Return whole form to Dentaïd.

To the Manager _____ Bank

Address _____

Postcode _____

Account Name _____ Account No. _____

Sort Code _____ / _____ / _____

Dear Sirs

Please set up a standing order payable to Dentaïd, Acc No 81364146, at HSBC Bank Plc, Market Square, Llanfair Caereinion, Welshpool, Powys, SY21 0RL (Sort Code 40/30/11) for the sum of £ _____

and in words _____ starting on ____ / ____ / ____ and

thereafter on a monthly/quarterly/annual (delete as appropriate) basis. This Standing Order:

- Replaces my existing order is a new order

Signed _____ Date _____

THANK YOU FOR YOUR SUPPORT

www.dentaïd.org

Dentaïd: Registered Charity No. 1075826, Company No, 3660759