International Network of Street Papers
general payment form

www.street-papers.org

PERSONAL DETAILS

Title _____ First name _____ Daytime number (including country code) _____

Surname _____ Evening number (including country code) _____

Address _____ Mobile _____

_____ Email _____

Postcode _____ Country (if outside the UK) _____

REGULAR DONATION

I would like to make a regular donation of £_____ per month to the ongoing work of INSP.

PAYMENT DETAILS

- ☐ From the UK

  To: Manager of (bank name) _____ branch _____

  Address _____

  _____ Postcode _____

  Account Name _____ Account No. _____

  Please pay INSP £_____ per month starting from _____ until further notice.

  Signature _____ Date _____

- ☐ From outside the UK

  · The easiest way to pay is by credit card. And it saves you the expense of a money transfer.

  · Alternatively, if you do not have a credit card, we do accept International Money Transfers. You will need to organise this with your overseas bank, so they can transfer money to our UK bank account.

  I will be paying by either:

  · ☐ Credit Card Please debit my ☐ Visa ☐ Mastercard ☐ Amex ☐ CAF card

  Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date ☐☐/☐☐

  Cardholder's name (if different to name at top of form) _____

  Signature _____

  INSP will claim your credit card payment as soon as we receive your form and continue to until you notify us otherwise.

  · ☐ International Money Transfer

  Our Account Name: **The International Network of Street Papers**

  International Bank Account Number: **00125092** IBAN: **GB25 BOFS 8083 4400 125092**

  Sort code: **80-83-44** SWIFT/ BIC: **BOFSGB21122**

  Address: **The Bank of Scotland, Glasgow Cross Branch, 2 Trongate, Glasgow G1 5ET**

GIFT AID DECLARATION

Thanks to the Government's Gift Aid scheme, INSP can reclaim the tax you pay on all your appropriate donations — increasing their value by almost a third at no extra cost to you.

Please tick the appropriate box and date.

☐ I am a UK taxpayer and I agree to INSP claiming tax on all donations I make from today and during the six years prior to this date. Please treat my donations as Gift Aid donations. By ticking this form, I confirm that I am paying an amount of income tax at least equal to the tax that INSP will reclaim on my donations in the tax year.

☐ I am not a UK tax payer.

Date _____ / _____ / _____

Please return this form to: INSP, Floor 3, Centrum Building, 38 Queen Street, Glasgow, G1 3DX, United Kingdom