

DONATION FORM



YOUR DETAILS

Name: _____

At St Faith's: 19/20 ____ - 19/20 ____

House: _____

Address: _____

Post Code: _____

Telephone: _____

E-mail: _____

GIFT AID DECLARATION

Please treat as Gift Aid donations all qualifying gifts of money made

today in the future

Please tick all boxes you wish to apply.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature: _____

Date: _____

Higher rate tax payers can claim tax relief in their self-assessment tax return.

CONSENT TO CONTACT

St Faith's School is keen to maintain its relationship with you and to keep you updated about the School. Please indicate below if you are happy to be contacted by email.

I consent to St Faith's School using my contact details to communicate school updates, events and to make me aware of any opportunities for donations which may arise.

I do not consent to St Faith's School using my contact details to communicate school updates, events and to make me aware of any opportunities for donations which may arise.

You may withdraw your consent to be contacted at any time in the future by contacting the Marketing Office using the details below:

Address: St Faith's, Trumpington Road, Cambridge CB2 8AG

Email: marketing@stfaiths.co.uk

Telephone: 01223 352073

Please be aware that any email communication made with you before your withdrawal of consent will still be valid.

REGULAR GIFT BY DIRECT DEBIT

I wish to make a monthly/quarterly/annual gift and I have completed the Direct Debit Instruction overleaf.

£20 a month £30 a month £40 a month

£50 a month £75 a month £100 a month

Other: £ _____ a _____ (frequency)

Starting from the 1st day of:

Month: _____ Year: _____

(Please note that giving forms received after the 1st of the month will not be processed 'till the following month)

SINGLE GIFT

I wish to give: £ _____

Method of payment:

Credit/Debit Card Charity Voucher*

Cheque payable to St Faith's School

Credit/Debit Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ / _____

3 digit Security Code: _____ Issue Number: _____

For Bank Transfers please contact marketing@stfaiths.co.uk for further information.

Please make Charity Vouchers payable to The Leys who are part of The Leys and St Faith's Charitable Foundation - all funds you donate will be passed on to St Faith's.

I WOULD LIKE MY GIFT TO BENEFIT

Bursaries Capital General

THANK YOU

When completed and signed, please send this form to:
Marketing Office, St Faith's, Cambridge CB2 8AG.
Please do not send the Direct Debit directly to your bank.

Charity Number: **1144035**

