

Chigwell School Sixth Form Centre Donation Form

You can help by giving as much as you can. Every donation helps.

Please fill this form and return it to: **Chigwell School Development Office, High Road, Chigwell, Essex, IG7 6QF**
Telephone: 020 8501 5748 | Fax: 020 8502 7922 | Email: development@chigwell-school.org | Website: www.chigwell-school.org

PLEASE WRITE IN CAPITAL LETTERS

DONOR'S DETAILS

Name(s): _____

Address: _____

_____ Post code: _____

Email: _____ Telephone: _____

GIFT AID IT!

I want Chigwell School to treat all donations I make as Gift Aid donations. I am a UK taxpayer and confirm that all of my gifts to Chigwell School are and will be made out of my UK taxable income. This declaration will apply to all subsequent gifts.

- You must pay an amount of income tax or capital gain tax, equal to the tax that the School reclaims on your donation in the tax year. If in the future your circumstances change and you no longer pay income or capital gain tax, please notify the School.
- If you pay tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.
- Please notify us if you change address.

Signature: _____ Date: ___ / ___ / ___

MAKING A SINGLE GIFT

I would like to make a gift of: £ _____

By cheque, payable to **Chigwell School Sixth Form Centre Appeal**

By Direct Transfer to **Chigwell School Sixth Form Centre Appeal, HSBS Bank (6 The Broadway, Woodford Green, Essex, IG8 0HW), A/C No: 51279297, Sort Code: 40-47-15**

Please debit my: Visa Mastercard Delta Switch

Card No: Start date: ___ / ___ / ___ Expiry date: ___ / ___ / ___

Issue No (if applicable): Security code (last 3 digits on back of card):

Name(s) on card: _____ Signature: _____ Date: ___ / ___ / ___

MAKING A REGULAR GIFT BY STANDING ORDER

To the Manager of (name of Donor's Bank): _____

Donor's Bank Address: _____

_____ Post code: _____

Donor's Account No: _____ Donor's Sort Code: _____

Donor's Account Name(s): _____

Please pay the monthly / quarterly / annual sum of £ _____ from my account number above for a period of _____ years until a total of _____ payments have been made, commencing on ___ / ___ / ___

to: **HSBC Bank, 6 The Broadway, Woodford Green, Essex, IG8 0HW**

A/C Name: Chigwell School Sixth Form Centre Appeal

A/C No: 51279297 Sort Code: 40-47-15

Signed by Donor(s): _____ Date: ___ / ___ / ___

We would like to acknowledge publicly all donations. Please tick here, however, if you wish to remain anonymous.

THANK YOU FOR YOUR DONATION!