

GIFT FORM

PLEASE COMPLETE THIS FORM IN CAPITALS AND RETURN TO THE ADDRESS BELOW

TITLE _____ NAME _____

ADDRESS _____

POSTCODE _____

TEL _____ EMAIL _____

I would like to support:

Unrestricted

Annual Appeal

Bursary Fund

Capital Fund

If you would like to support another area of school life please contact the Finance Office.

I WOULD LIKE TO MAKE A SINGLE GIFT OF £

Please make cheques payable to Kilgraston Educational Foundation or enter your card details below

Visa/Debit Mastercard Switch/Maestro

Name as appears on card _____

Card No.

Expiry Date Card Security Code

Signature _____ Date _____

I WOULD LIKE TO MAKE A REGULAR GIFT OF £

MONTHLY QUARTERLY ANNUALLY (please tick)

To start on (DATE) (MONTH) (YEAR) until further notice

Name(s) of Account Holder(s) _____

Name of Bank/Building Society _____

Address _____

Account Number Sort Code

Reference (if required) _____

Please pay the Kilgraston Educational Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Kilgraston Educational Foundation and, if so, details will be passed to my bank/building society.

Service user number

For office use



Signed _____ Date _____

I AM A UK TAX PAYER and I would like all donations I have made to Kilgraston Educational Foundation over the past 4 years and all future donations be treated as gift aid donations until I notify you otherwise

Signed _____ Date _____

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To qualify for gift aid you must pay an amount in income tax or capital gains tax in the relevant year at least equal to the amount of tax that all the charities or CASCs that you contact to will re-claim on your gift (currently 25p per £1 donated). Please notify us if you change your name or home address, no longer pay sufficient tax on your income or wish to cancel this declaration.