

Kendrick School Gift Aid Declaration Form

Charity Registration No: 1040970
Details of donor
Title Forename(s) Surname
Home Address
Post Code
Student Information
Student information
Name Form
I want to Gift Aid all the donation(s) I have made since 6 April 2012 and all donations I make in the future from the date of this declaration, until I notify you otherwise.
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.
I intend to donate £ monthly / 3 times per annum / annually
Commencing on
I will donate by standing order (enclosed) / cheque / cash. (Cheques should be made payable to "Kendrick School Fund".
Date / Signature of Parent/Carer

NOTES

- 1. You can cancel this declaration at any time by notifying the school.
- 2. Please notify the school if your circumstances change and you no longer pay tax on your income and/or capital gains.
- 3. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.
- 4. If you are unsure whether your donations qualify for Gift Aid tax relief please refer to the HMRC website (www.hmrc.gov.uk).
- 5. Please notify the school if you change your name or address.

Name of Charity: KENDRICK SCHOOL FUND



KENDRICK SCHOOL FUND GIFT AID DONATION

STANDING ORDER FORM

The Manager	
	(Bank)
	(Address)
	(Post Code)
Dear Sir/Madam,	
Account Name:	
Account Number:	Sort Code:
Please accept this as a Standing Ord The beneficiary's details are curren	
Beneficiary Bank:	Lloyds Bank PLC 1-2 Market Place Reading Berkshire RG1 2EQ
Beneficiary Account Name:	Kendrick School Fund
Beneficiary Account Number:	44210060
Beneficiary Account Sort Code:	30-96-96
Payment Amount:	£
Payment Frequency:	Monthly / Termly [3 times a year] / Annually / Other (Please delete as appropriate)
Payment Expiry Date:	or Tick until further notice $\ \square$
	the amount of payments effected in accordance with the above instruction plus any in effecting these payments on my/our behalf.
SIGNATURE:	DATF: