

Voluntary Contribution Form 16-17

Registered Charity no: 312763

| I wish to pay a monthly donation to the Camden School Foundation of Frances Mary Buss off100f50f30f20 Other f |
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| I would like my donation made on the day of each month. I would like my first donation to be made during the month of (Please choose to start at least a month from now) |
| I would like to make a single gift of£500£300£100£50 Other £ |
| GIFT AID ALLOWS THE SCHOOL TO RECEIVE AN ADDITIONAL 25P FOR EVERY £1 CONTRIBUTED |
| Tick boxes where appropriate: |
| I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years. |
| I am eligible to claim Gift Aid. 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. |
| Date: |
| 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. Please notify Camden School for Girls if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains |
| Title: First Name Surname |
| Address: |
| Post Code |
| Email Telephone |
| Instruction to your bank to pay by standing order To Manager (Bank Name): |
| Bank Address: |
| Post Code |
| Name(s) of Account Holder(s) |
| Your account number: |
| Your Bank Sort Code: |
| Please pay: Camden Foundation of Frances Mary Buss, Co-Operative Bank, P.O. Box 250, Delf House, Southway, Skelmersdale WN8 6WT Sort Code: 08-92-99 Account number: 65184437 |

Please return this form to: Fundraising Office, Camden School for Girls, Sandall Road, London NW5 2DB