

FRIENDS OF THORNDEN SCHOOL GIFT AID DONATION SCHEME



Please complete and sign the Gift Aid declaration below as well as the Standing Order Mandate on Page 2, then return both forms to Reception at Thornden School marked for the attention of the FOTS Treasurer.

ON BEHALF OF ALL THE PUPILS OF THORNDEN SCHOOL, THANK YOU FOR YOUR GENEROSITY.

Gift Aid Declaration – For a Regular Donation by Standing Order Name of Charity: Friends of Thornden School Registered Charity Number: 1035127
I wish to make a regular gift-aided donation of £
Title: Forename(s): Surname:
Home Address :
Postcode:
Signature:
Date:
Email

Notes: This page will be kept securely by the FOTS treasurer for a minimum of 6 years in line with current HMRC gift aid rules. Your email address will be used and kept solely in the administration of the scheme and will not be shared with 3rd parties. You can cancel this declaration at any time by notifying the charity. If, in the future, you change your name or address or if your circumstances change and you no longer pay sufficient tax on your income and/or capital gains to qualify for Gift Aid, please notify the charity. 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 HMRC to adjust your tax code



FRIENDS OF THORNDEN SCHOOL GIFT AID DONATION SCHEME

Standing Order Mandate

Registered Charity No: 1035127

Name of Charity: FRIENDS OF THORNDEN SCHOOL

To:(Your Bank/Building Society)
Address:
Postcode:
Please pay to National Westminster Bank, Eastleigh(A) Branch, 34 Southampton Rd, Eastleigh, SO50 9XN for the credit of: Friends of Thornden School, Sort code: 52-21-18, Account No: 06162525 Quoting the Reference Number below (FOTS will complete this)
The sum of £day of each month *a) Monthly on theday of each month *b) Quarterly on theday of(months) *c) Annually on theday of(month)
Starting on/ (date), until further notice
Signature://
Title: Full Name:
Sort Code: Account Number:
Reference No: (for FOTS use only)
Notes:- Please insert the name and address of your bank

Insert the amount you wish to give, and the times of payment, deleting a), b), c) as appropriate

Please give a start date, allowing 4 weeks for your bank to process the form