

## **DONATION FORM**

**Please complete this donation form in BLOCK CAPITALS and return to:** Development & Alumni Relations Office, King Edward's School, North Road, Bath BA2 6HU or email to **development@kesbath.com** 

Title:	Full name:			
Home address	:			
		Postcode:	Country:	
Email:			Telephone:	
DONATION	INFORMATION		WE'D LIKE TO KEEP IN TOUCH	
I would like my donation to support:			We'll email you inspiring stories, how you	
Life-changing bursaries			support has helped some of our children and young people and how you can	
Where the need is greatest			support us in the future. Don't worry,	
Other information:			we never sell or share data – you'll find full details in our <b>Privacy Notice</b> .	
I would like my donation to remain anonymous			Yes, I am happy to be contacted by	
I am interested in leaving a gift in my Will to King Edw School, Bath. Please send me further information			ard's email about your fundraising work	
GIFT AID D	ECLARATION			
Please Gift Aid this donation and any donations I make in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift		e change pay suf	Please notify us if you want to cancel this declaration change your name or home address or if you no longe pay sufficient tax on your income and/or capital gains	
Aid claimed on	all my donations in that tax year, it is ty to pay any difference.		k to apply giftaid in	
			Registered with	
vw.kesbatl	<b>1.COM</b> , Bath. Registered Charity Number 11158'	75	(FR) FUNDRAIS	

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**IMPORTANT** 

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This guarantee should

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## **DONATION FORM**

## SINGLE GIFT I would like to make a SINGLE gift to King Edward's I would like to pay by: Or by: School. Bath of: Cheque Bank Transfer £25 £50 £100 £250 £500 CAF Cheque King Edward's School, Bath Other (fill in amount) £ Please make cheques Account: 83527818 payable to: Sort code: 60-02-05 King Edward's School, Bath **REGULAR GIFT** I would like to make a REGULAR gift to King Edward's School, Bath of: factorem for fill in amount)£25 £ Monthly Quarterly Annually 1 Please leave a month before first payment is taken. Starting on until further notice. CAF, Kings Hill, West Malling, Kent ME19 4TA Service User Number 6 9 1 2 1 3 Instruction to your Bank or Building Society to pay by Direct Debit: To: The Manager Bank/Building Society: Full postal address of Bank or Building Society: Postcode: Name(s) of Account Holder(s): Sort Code: Account number: Please pay Charities Aid 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 Charities Aid Foundation and, if so, details will be passed electronically to my Bank/Building Society. Signature(s): Date: THE DIRECT DEBIT GUARANTEE

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Charities Aid Foundation will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Charities Aid Foundation to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Charities Aid Foundation or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Charities Aid Foundation asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.