



"We think a Balcarras education is invaluable"

The information on this form will be **confidential**

First Name:	Last Name
Full Address:	
Name(s) of son(s)/daughter(s) at Balcarras	

Please treat all qualifying gifts of money as Gift Aid donations.

Amount	£5.00 <input type="checkbox"/>	£10.00 <input type="checkbox"/>	£20.00 <input type="checkbox"/>	£50.00 <input type="checkbox"/>	Other (Please specify amount) <input type="text"/>
Timing	Monthly <input checked="" type="checkbox"/>	Starting from ___ / ___ / ___			To last years _____

I would be interested in helping with a one off capital purchase please contact me

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 and difference. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

I am / am not a taxpayer (please delete as applicable)	Signed
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Please notify the School if you want to cancel this declaration, change name and address or no longer pay sufficient tax on your income and/or capital gains.

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.

Unless you prefer to pay by cheque or cash, could you please complete your bank details in the Standing Order form and return to Balcarras School – we will do all the rest.
MANY THANKS!

N.B. If you already contribute to the scheme, this new commitment will replace your previous one.

STANDING ORDER MANDATE

Please tick:	New Instruction <input type="checkbox"/>	Amend previous Standing Order <input type="checkbox"/>
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To (name of your bank)

Bank Address

Bank Sort Code:

Account No:

Account Name:

BENEFICIARY DETAILS
 YORKSHIRE BANK plc
 5 NORTH STREET
 GLOUCESTER
 GL1 2AH

 05-03-64
 66313729
 BALCARRAS OPPORTUNITIES ACCOUNT

 Beneficiary Ref:

PAYMENT DETAILS

Amount of payment £	Date of first payment ___ / ___ / ___
Amount in words	Frequency of payment MONTHLY
Date of last payment ___ / ___ / ___	or continue until further notice (please tick) <input type="checkbox"/>

Payer signature	Date
Payer contact telephone number (only in case of a query about this form)	