

**"We think a Balcarras education is invaluable"**

The information on this form will be **confidential**. Please return it via a form tutor.

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	£10.00 <input type="checkbox"/>	£20.00 <input type="checkbox"/>	£50.00 <input type="checkbox"/>	£100.00 <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 the difference. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity can 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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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**

Lloyds Bank  
30-91-87  
14471463  
BALCARRAS OPPORTUNITIES ACCOUNT

Beneficiary Ref: .....

*(to be completed by the School)*

**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"/>

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