

SHREWSBURY SCHOOL GIFT FORM



Sabrina Supporters

Sabrina members and parents of members of the RSSBC who would like to become Sabrina Supporters should fill in the gift aid declaration and banker's order below. Money raised will support and encourage the RSSBC by contributing towards the cost of training in the holidays, GB trials and accommodation at some regattas and towards equipment as outlined overleaf.

Supporters who would like to support are invited to contribute £50 (or more if desired) annually.

Shrewsbury School Foundation is a registered charity, no: 528415

GIFT AID

Using the Government's Gift Aid scheme means that, for every pound you give, we gain an extra 28 pence from the Inland Revenue, making your donation go further. This means that £100 can be turned into £128 at no extra cost to you just so long as donations are made through Gift Aid.

If you are a higher rate taxpayer, you can receive a further £23 for yourself through your tax return.

To qualify for Gift Aid, you must be a UK taxpayer and what you pay in income tax or capital gains tax must be at least equal to the amount we will claim in the tax year.

Gift Aid Declaration

Are you a UK taxpayer? (Please tick) Yes No

I would like all donations I make from the date of this declaration until I notify you otherwise to be Gift Aid donations.

Title _____ First name _____ Surname _____

Address _____

_____ Postcode _____ Date ____ / ____ / ____

Signature _____

GIFT

I would like to make a regular gift. I have completed the Bankers Order below.

If you would like your gift to remain anonymous, please tick here

BANKERS ORDER FOR REGULAR GIFTS

To the Manager

Name and Address of Bank _____

Account Number _____ Sort Code ____ - ____ - ____

Please pay to: Lloyds TSB Bank, PO Box 6, 1 Pride Hill, Shrewsbury, SY1 1DG; Sort Code 30-97-62:

A/C 0328021; Shrewsbury School Foundation from my account the following sum:

£ _____ (amount of each instalment in figures)

_____ (amount of each instalment in words)

every year until further notice, starting on ____ / ____ / ____ (date)

Please allow one month before payments start.

Your name and address _____

Signature _____ Date ____ / ____ / ____

Please return completed form to P.A.D.Manser, Sabrina Club Treasurer, Kingfisher Wharf, 65 Underdale Road, Shrewsbury, SY2 5EE.

Please do not send this form to your bank