



SUPPORT FUND

Ermysted's Grammar School Old Boys' Society

My Details

Title _____ First name _____

Surname _____

Full Home address _____

Postcode _____ Date _____

Time at Ermysted's From _____ To _____

1. I would like to contribute to Ermysted's Support Fund with a donation of £ _____.
(Please make cheques payable to Ermysted's Grammar School Old Boys' Society)
2. I would like to contribute to Ermysted's Support Fund by regular contributions of £ _____
per month for a period of _____ years.
(Please complete the Bankers Standing Order Mandate overleaf)

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by Ermysted's Grammar School Foundation from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Gift Aid Declaration

I want to Gift Aid my donation and any donations I make in the future to **Ermysted's Grammar School Old Boys' Society and Foundation**.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature _____ Date _____

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- 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.

Ermysted's Grammar School Old Boys' Society

Gargrave Road | Skipton | North Yorkshire | BD23 1PL | Tel 01756 792186 | Registered Charity No. 529109

BANKER'S STANDING ORDER MANDATE

To _____ Bank

Bank Address _____

_____ Post Code _____

Please pay to: Barclays Bank Plc, 49 High Street, Skipton, BD23 1DH
Sort Code: 20-78-42

For the credit of: Ermysted's Grammar School Old Boys' Society
A/C 90808083

The sum of: £ _____
Amount in figures Amount in words

Date of first payment: _____

Frequency: Monthly on the _____ day of each month

Date of last payment _____ or until you receive notice from me/us in writing

Account Holder(s) _____

Account Number _____

Sort Code ____ - ____ - ____

Signature(s) _____

Address: _____

_____ Post Code _____