



F U T U R E S

# The Denys Carnill Award

Your Name(s): \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Please tick here if you would like your gift to be anonymous.

I would like to make a regular gift to the Denys Carnill Award. Please complete the Standing Order Instruction Overleaf.

I would like to make a one-off gift and enclose a cheque payable to Dean Close School Campaign Account.

I would like to make a one-off gift by bank transfer to Dean Close School Campaign Account.  
Please make your payment to Account: 11314386. Sort Code: 40-17-09. Ref: *YourSurnameCARNILL*.

Amount:

## Gift Aid Declaration:

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like Dean Close School to reclaim tax on the enclosed donation, on any previous donations made after 6 April 2000 and on all donations I make from this date until further notice.

I am a UK taxpayer and I note that I should inform the School if I do not pay an amount of tax at least equal to the tax the School reclaims (currently £0.25 for every £1 donated). 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.

I understand that I can cancel this declaration at any time by notifying the School and I will notify the Bursary if I change my name or address.



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**New Standing Order Instruction:**

To: The Manager [*Your bank's name and branch*]

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Please set up the following Standing Order and debit my/our account accordingly:

Please pay                    Dean Close School  
Account number            11314386  
Sort code                    40-17-09

From my/our account as detailed below, quoting reference [*Your name*] \_\_\_\_\_

**Account Details:**

Account Holder(s) Name \_\_\_\_\_

Branch \_\_\_\_\_

Account number \_\_\_\_\_

Sort code \_\_\_\_\_

**About your payment:** I would like to make ongoing payments of £ \_\_\_\_\_

Monthly

Quarterly

Annually

Please take the first payment on (DD/MM/YYYY) \_\_\_\_\_ or as soon as possible thereafter.

Please continue to take these payments until (DD/MM/YYYY) \_\_\_\_\_

Please continue to take these payments until further notice.

**Confirmation:**

Accountholder(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accountholder(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I grant permission for you to store my contact details on the Development Office database at Dean Close School and to get in touch with regards to this donation. Thank you.

Please return your completed form to Felicity Copp, Dean Close School, Shelburne Road, Cheltenham. GL51 6HE.  
If you have any questions or would like this form in another format please call 01242 267439.