

# Dean Close School

## Class of 2019 Foundation Award Fund



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

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

\_\_\_\_\_

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

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

**Thank you for supporting the Class of 2019 Foundation Award Fund.**

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

I would like to donate the entire balance of my account to the Class of 2019 Foundation Award.  
Please bill me separately for any exam fees and extras.

Value of gift:

I would like to donate the balance of my account, minus any exam fees, extras and remarking,  
to the Class of 2019 Foundation Award Fund.

I would like to be reimbursed any balance due on my account and would like to make a one-off gift.

Value of gift:

Cheques and payments should be made to *Dean Close School Campaign Account*.  
Account: 11314386. Sort Code: 40/17/09. Ref: 2018YourSurname.

If you are a UK Taxpayer and are making a one-off gift, please complete the Gift Aid declaration overleaf to enable us to maximise your gift. Please note that if you are gifting us your deposit balance or part thereof, we are unable to claim Gift Aid.

Please return this form in the enclosed Postage Paid envelope or send to:

Felicity Copp, The Development Office, Dean Close School, Shelburne Road, Cheltenham, GL51 8HE.



**Gift Aid Declaration:**

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

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

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

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.

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