School Fund Standing Order Form

To the Manager								Ų				
Bank Name:							S A	$A \subset K$	VIL hool	LE		
Bank Address							-					
Bank Sort Code							-					
	Bank	Branch Title						Soi	t Code			
Please pay	Barclays Bank	Leicester						20-	23-97			
	Beneficiary's Name Account Number											
for the credit of	Sackville School Fund			20783919								
	Amount Amount in Words											
the sum of (please choose £20 or fill in chosen amount)	£20 / £											
	Date of First Payment					Due Da	ate and	Freau	iencv			
commencing	1 September 2012					1 Septe	1 September until					
	Account to be Debited		Account Number									
Signature(s)							-					
Date							-					

Sackville School Fund – Gift Aid Declaration



Name of charity: Sackville School Fund

Please treat all gifts of money that I make today and in the future as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the Sackville School Fund will reclaim on your gifts for that tax year.

Donor Name

Title Ir	nitials	Surname
Home address		
Post code		
1 OSC COUC		
Ciarah		
Signature		

Please notify the school if you:

- 1. Want to cancel this declaration
- 2. Change your name or home address
- 3. No longer pay sufficient tax on your income and/or capital gains

Tax claimed by the charity

The school fund will reclaim 25p of tax on every £1 you give on or after 6 April 2008. The Government will pay to the fund an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the charity does not affect your personal tax position.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.