



ABINGDON

GIFT FORM

PERSONAL DETAILS

please complete in capitals

Title	Full name
Address	
	Postcode
Country	Telephone
Email	

GIFT PURPOSE

The School may use my donation where it needs it most

I would like my gift to support

Please specify subject area or department

OTHER OPTIONS

I would like

to receive information about other ways of giving (see brochure)

to meet to discuss my gift

to receive information about remembering the School in my will

Abingdon School would like to recognise donors in published materials.
Please let us know how you would like your name(s) to appear:

I would like to remain anonymous

Please complete either Section A, B or C.

SECTION A

I wish to make a single donation to the Abingdon School Foundation and to pay by cheque

Amount £

Please make cheques payable to the Abingdon School Foundation

SECTION B

I wish to make a regular donation to the Abingdon School Foundation and to pay by standing order

To the Manager of

Bank

Branch address

Postcode

**Please pay National Westminster Bank plc, for the credit of Abingdon School Foundation,
account number 96571330, sort code 60-01-01**

The sum of £

Monthly

Quarterly

Annually

commencing on

(date) and continuing until I give you notice in writing or until

(date)

Donor Bank Account Details

Sort code - -

Account number

Name of account holder(s)

Signature

Date

SECTION C

I wish to make a single donation to the Abingdon School Foundation and to pay by credit/debit card

I authorise you to debit my account with the amount of £

Card type Mastercard Visa Delta Switch Maestro

Cardholder's name

Card number

Start date

Expiry date

Switch card issue number

Security number

Signature

Date

Please complete this section if you are a UK tax payer.

GIFT AID DECLARATION

I am a UK tax payer and wish all donations I make from the date of this declaration, until I notify you otherwise, to be tax effective under the Gift Aid scheme. *Higher rate tax payers can claim further tax relief in their Self Assessment Return.*

Signature

Date

Print name

Please remember to notify us if your circumstances change. You must pay UK Income Tax and/or Capital Gains Tax at least equal to the tax the charity reclaims on your donation in the tax year.

When completed please return this form to the address overleaf.



Mrs Jan Glover
Development Director

Abingdon School

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