SHIELDSHIELDST PAUL’S C of E COMBINED

SCHOOL

Stratford Drive, Wooburn Green, High Wycombe, Bucks HP10 0QH

### GIFT AID DECLARATION

REGULAR

I ……………………………………………………………………………………… (your full name)

of .…………………………………………………………………………………….. (your address)

………………………………………………………………………………………

………………………………………………………………………………………

wish to make a donation of £……………… per month/quarter/year, until further notice, to the

**St Paul’s Church of England Combined School Development and Maintenance Fund**.

I wish my donation to be a Gift Aid Donation.

This is in respect of my child …………………………………………………… (child’s name)

*You must pay an amount of income/capital gains tax equal to the tax we reclaim on your donations.*

*Please remember to notify us if you no longer pay an amount of tax equal to the tax we reclaim.*

Signed: ……………………………………………… Date of Declaration: …………………..

**I have set up the payment online ……………………………………..Signed …………………….Dated**

#### BANKERS ORDER

##### To The Manager: *(please enter full address of your bank)*

………………………………………………………………………………………….Bank PLC

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

Please pay £ …………………………………. per month/quarter/year *(delete where appropriate)*

commencing on ............................................. (date)

to: St Paul’s Church of England Combined School, Development and Maintenance Fund

**Account no:**  02188986 **Bank:** Lloyds, Bourne End. Bucks **Sort Code:** 30-95-36

My Name : ………………………………………………………………………..

My Address: ………………………………………………………………………..

………………………………………………………………………………..

………………………………………………………………………………..

………………………………………………………………………………..

Signed: …………………………………………………… Date of Declaration: …………………..

My Account Number: 🞎🞎🞎🞎🞎🞎🞎🞎 Sort Code:🞎🞎-🞎🞎-🞎🞎

Name on Bank Account: …………………………………………………………… (please print)