

ALDENHAM SCHOOL DONATION FORM

Full Name: _____

Address: _____

_____ **Postcode** _____

Telephone No. _____ **Email:** _____

I would like my donation to go to Scholarships Building Projects other, please specify

If no preference is expressed, your gift will be allocated and used at the discretion of the School.

REGULAR GIFT

I would like to make a regular gift to Aldenham School of £_____ per month/quarter/year

Starting on (date): _____ for a period of: _____

To (name & address of bank/building society): _____

Sort Code: _____ Account no: _____

Name(s) of account holders(s) _____

Signature: _____ **Date:** _____

Please Pay: National Westminster Bank PLC **Account name:** Aldenham School General Charitable Trust
72-74 High Street, Watford **Sort code:** 60-00-08 **Account number:** 87438704
Herts WD1 2BQ

SINGLE GIFT

I would like to make a single gift to The Aldenham School Charitable Trust of £_____

Signature: _____ **Date:** _____

GIFT AID

Every £10 you donate is worth £12.82 to Aldenham School. The difference is reclaimed from the Inland Revenue at no cost to you. Please complete and sign this declaration to make your gift tax effective in this way.

I declare that I am a UK tax payer and I would like the above donation and any subsequent donations treated as Gift Aid. (You must pay an amount of UK income or capital tax at least equal to the amount we reclaim).

Signature: _____ **Date:** _____

I would like information about leaving a legacy to Aldenham School

I do not wish my name to appear in a list of supporters

Please return the completed form to:
The Development Office, Aldenham School, Elstree, Herts WD6 3AJ