



St. Gregory's Catholic High School

Option 2

School Levy 2018/19

Standing Order Form

Your Name (Block letters) _____

Address _____

Your Child's name and Form: _____

Please complete all sections A and B.

St. Gregory's R. C. High School Appeal Trust

A REGISTERED CHARITY



Gift Aid Declaration

Name of Charity: St. Gregory's R.C. High School Appeal Trust

Details of donor

TitleForename(s) Surname

Address:

.....

.....Postcode

I wish all donations made to the charity of £ _____, to be paid each **year / quarter / month** to be treated as Gift Aid as from September, 2018 (please delete as appropriate) until I notify you otherwise.

Signature: Date/...../.....

See overleaf for notes

When completed please return A and B to school in the envelope provided.

Thank you.

Notes

1. If your declaration covers donations you may make in the future:
 - ◆ please notify the charity if you change your name or address while the declaration is still in force
 - ◆ you can cancel the declaration at any time by notifying the charity – it will then not apply to donations you make on or after the date of cancellation or such later date as you specify

2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give).

3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.

4. If you are unsure whether your donations qualify for Gift Aid tax relief, please telephone the school. Or you can ask your local tax office for leaflet IR113 *Gift Aid*.

B

If you do not pay tax you may still contribute via this standing order

Please tick this box if you do not pay tax

Banker's Order Form

Your full name I _____
(Mr. Mrs. Miss Ms. Title)

Your address of _____
(address)

_____ Postcode _____

Request you to pay to YORKSHIRE BANK PLC (05-09-67) 28/30
Buttermarket Street, Warrington. WA1 2LE for the credit of
ST. GREGORY'S R.C. HIGH SCHOOL APPEAL TRUST ACCOUNT
No. 47609602.
the sum of:

Amount you wish to pay each year/quarter/
month (delete as applicable) _____
(amount in words)
(£ _____)
(amount in figures)

Date when payments are to start (on or after date
of signature) from the _____ day of _____ 201__
and to finish until the _____ day of _____ 201__

Your signature _____

Date _____
(signature)

Name and address of your bank To _____
(name of bank)

(address of bank)

Your account number
and branch sort code

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Account Number (as printed on your cheque book)

| | | |
|--|--|--|
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|--|--|--|

Sort Code

This should not be sent to your bank
Please return to school