



LEWES OLD GRAMMAR SCHOOL

Registered Charity Number 801456

DONATION FORM

PERSONAL DETAILS

Title _____ Date of Birth _____

Forename _____

Surname _____

Address _____

Postcode _____

Telephone Number _____ Mobile Number _____

E-mail Address _____

Gift Purpose

The School may use my donation where it is needed *please tick*

I would like my gift to support (*please specify project or department*)

DONOR ACKNOWLEDGEMENT

Lewes Old Grammar School Trust would like to acknowledge donors in published material and online. Please let us know how you would like your name(s) to appear:

I wish to remain anonymous *please tick*

GIFT AID DECLARATION

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If you are a UK taxpayer, we can reclaim tax on your donations of 25p for every £1, at no further cost to you. (Please sign and date below)

Signature _____ Date _____

I confirm that I paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give. Please notify Lewes Old Grammar School if you want to cancel this declaration, if you wish to change your address or if you no longer pay sufficient tax on your income and / or capital gains.

If you pay tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.



LEWES OLD GRAMMAR SCHOOL

YOUR GIFT

I wish to make a single gift by cheque to Lewes Old Grammar School of £_____

I wish to make a regular gift to Lewes Old Grammar School Trust by Direct Debit (Please complete the attached Direct Debit Form)

The sum of £_____ Monthly / Quarterly / Yearly (Please specify)

Beginning on _____ (date) or until _____ payments have been made

Signature_____ Date_____

I wish to make a single gift by credit / debit card to Lewes Old Grammar School Trust (Please complete the form below)

I authorise you to debit my account with the sum of £_____

Card Type

Card Holder

Card Number

Start Date

Expiry Date

Issue Number

Security Number

Signature_____

Date_____

I would like:

- To receive information about other ways of giving
- To have confidential discussion with the School
- To receive information about remembering Lewes Old Grammar School in my will

Please return this form to: Mr T Laker, Operations Manager, Lewes Old Grammar School, 140 High Street, Lewes, East Sussex, BN7 1XS

Tel: 01273 472634

www.logs.uk.com

bursar@logs.uk.com

Thank you - Lewes Old Grammar School Trust appreciate your support of the school

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