

FUNDRAISING APPEAL 2011



Registered Charity no: 312763

1. YOUR GIFT FOR THE FUNDRAISING APPEAL

I wish to pay a ***monthly / *annual** (*please indicate which) donation to the Camden School Foundation of Frances Mary Buss of:

£10 £20 £50 Other £ _____

I wish my donation to be made on the _____ day of the month

I would like my first donation to be made during the month of _____ (Please choose a start date at least one month from now.)

I would like to make a single gift of £ _____ and enclose a cheque made payable to Camden School Foundation of Frances Mary Buss

2. GIFT AID

Please gift aid your donation - Gift Aid means that for every £1 you give, the school gets 25p from the Inland Revenue.

Please tick if you wish to Gift Aid your donation *

Please tick if you do not wish to Gift Aid your donation

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Signed: _____ Date: _____

*Camden School Foundation of Frances Mary Buss (Charity No 312763) treat all donations I have made in the past six years and all future donations I make hereafter, as Gift Aid donations. I confirm that the income tax I pay is at least equal to the gift aid

YOUR DETAILS

Title _____ First Name _____ Surname _____

Address _____

Postcode _____

Email _____ Telephone _____

BANK DETAILS

INSTRUCTION TO YOUR BANK TO PAY BY STANDING ORDER

To Manager (Bank name) _____

Bank Address _____

Postcode _____

Name/s of Account Holder/s _____

Your Account Number

Your Bank Sort Code

Please pay Camden School Foundation of Frances Mary Buss, Co-operative Bank, P.O. Box 250, Delf House, Southway, Skelmersdale, WN8 6WT.

Sort code: 08 92 99

Account number: 65184437

Signature _____ Date _____

Please return this donation form to:

Finance Department, Camden School for Girls, Sandall Road, London, NW5 2DB

THANK YOU FOR YOUR SUPPORT