Accounts DS GA: yes/no RSVP Letter G



GIFT FORM

Please complete and return this form to the Development Office at the postal or email address below. Thank			
you.			
Title and Full Name (in capita	ls)		
Address			
		Post Code	
Telephone (please indicate work	/home)	Email	
☐ Parent ☐ Alu	mnae	☐ Other	
If you have a preference for the Social Impact Fund	fund you wish your gift to be o		≘:
Gift Aid Declaration: Pleas leclaration (unless and until I info ncome Tax or Capital Gains Tax a	orm you otherwise) as Gift Aid	d, and reclaim tax on them. I	
ignature		Date	

 $\hfill \square$ I would like my gift to remain anonymous

By Direct Debit (for multiple gifts / regular giving)			
Name and Address of your Bank: To			
Bank Plc			
Post Code			
Account Number: Bank Sort Code:			
Account Name			
Please pay from the above account to Lloyds TSB Account Name: Channing House Incorporated Sort Code: 30-93-80 Account Number: 18928160 BIC: LOYDGB21065 IBAN: GB58LOYD30938018928160 the sum of:			
Amount of each instalment in WORDS and in FIGURES £			
Please select the day you would like the payment to come each month: I st			
on (date of first payment – please allow at least 6 weeks for bank administration) the day of			
(month) (year) and the same amount again thereafter every (insert frequency)			
(month, quarter, year) until a total of (insert number) payments have been made or until further			
notice.			
Signature Date			
By Cheque/CAF Voucher \square I enclose a cheque/CAF voucher made payable to Channing School for £			
By Credit Card			
☐ Please take £ from my Visa, MasterCard, etc: Card Type			
Card Number: CVC No			
Expiry Date:			
Start Date (if applicable): / Issue Number (if applicable):			
Signature Date			

Development Office, Channing School, The Bank, London N6 5HF Tel: 020 8340 2328 Email: development@channing.co.uk Channing School is a Registered Charity No 312766