Christ's College Cambridge

Making a Gift

Student Support Fund Appeal

Personal Details

Name _____ Matriculation Year (if applicable) _____

Address _____

_____ Postcode _____

Email _____ Telephone number _____

From time to time we publish lists of donors. Please tick this box if you would prefer to remain ***anonymous:*** ☐

Gift Aid Declaration (for UK taxpayers)

Please treat all donations I make to Christ's College, Cambridge (Registered Charity Number 1137540) on or after the date of this declaration, until I notify you otherwise, as Gift Aid donations.

I confirm I am a UK Taxpayer and have 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 or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that it is my responsibility to pay any difference between these amounts, and that other taxes such as VAT and Council Tax do not qualify for relief. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature _____ Date _____

Regular Gift

Standing Order mandate

Account Name _____

Name of your bank _____

Address of your bank _____

_____

Postcode _____

Account Number ☐☐☐☐☐☐☐☐

Sort Code ☐☐ - ☐☐ - ☐☐

Please pay Christ's College Cambridge the sum of **£** _____

on the _____ day of _____(month) _____ (year)

and the same day each succeeding **month / quarter / year** *(delete as appropriate)*

Please tick and complete as appropriate

☐ Final payment date: _____

OR

☐ Until further notice

Signature: _____ Date: _____

For Office Use: Please make the payment to Christ's College Acc No. 03322253 at Lloyds, 3 Sidney Street, Cambridge, CB2 1BQ. Sort code 30-91-56 quoting reference no:

_____

Legacy

☐ I would like information about leaving a bequest to the College

☐ I have included a bequest to the College in my will

Single Gift

☐ I enclose a cheque / CAF donation payable

to Christ's College Cambridge for £ _____

☐ Please charge £ _____ to my

Visa / Mastercard / Maestro / American Express *(delete)*

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date ☐☐ / ☐☐

3-digit Security Number* ☐☐☐

Signature _____

Date _____

* *Located on the signature strip on the back of the card. For security reasons you may wish to phone, e-mail or send separately.*

Please return this form and direct any enquiries to:

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Cambridge
CB2 3BU
UK

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