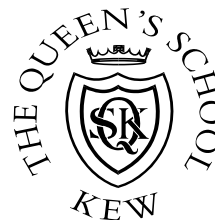


The Queen's Church of England Primary School
Board of Governors
Cumberland Road, Kew, Richmond, Surrey, TW9 3HJ
T: 020 8940 3580
Chair of Governors: Laura Coughtrie



ANNUAL APPEAL GIFT AID DECLARATION

I would like to donate to the school Maintenance Fund: £ _____

giftaid it

Child/Children's Name: _____

Details of Donor:

Title: ____ Forename: _____ Surname: _____

Address: _____ Postcode: _____

DECLARATION BY DONOR: I am a **UK taxpayer** and would like The Queen's School Governors' to treat all donations I make in the future (unless I notify you otherwise) as gift aid donations.

Signature: _____ Date: _____

Gift Aid Notes:

1. If your declaration covers donations/subscriptions you intend to make in the future:
 - a) Please notify the charity if you change your name or address.
 - b) You can cancel the declaration at any time by notifying the charity.
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 in future your circumstances change and you no longer pay tax equal to the tax the charity reclaims you can cancel your declaration.
4. If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.

We encourage every child to reach their full potential, nurtured and supported in a Christian community, which lives by the values of love, compassion and respect.

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Maintenance Fund - Banker's Order – November 2017

Please complete in capital letters. This form should be returned to the school office, not directly to your bank.

(Name and full address of your bank)

To: Bank
..... Branch (Full address)
.....

Please pay to: The Queen's School Governors Account
 8 George Street, Richmond, Surrey TW9 1JU

Account: 00748749

Sort Code: 20-72-17

For the credit of The Queen's School Governors Account (Account No. 00748749) the sum of:

.....

(Amount in words) payable on the same day every month/quarter/year (delete as appropriate) starting on: (date) for a period of: years, or until cancelled, and debit my/our account accordingly.

NAME OF YOUR ACCOUNT:

SORT CODE:

--	--	--	--	--	--

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--

Signed:

Date: