

Please return the **original, signed** form to:

The Fitzwygram Foundation,
Hampton School,
Freepost SEA0924, Hanworth Road,

Hampton, Middlesex TW12 3HD

YOUR DETAILS

Name (Mr/Mrs/Miss/Ms) Address	
Telephone	Mobile
Email	
GIFT AID DECLARATION	
If you are a UK taxpayer and choose to give using Gift Aid we car	n reclaim 25p for every £1 that you give, at no extra cost to you.
	d any other donations I make from the date of this declaration until and understand that if I pay less Income Tax and/or Capital Gains at tax year it is my responsibility to pay any difference.
Note: If you pay Income Tax at the higher or additional rate and wall your Gift Aid donations on your Self-Assessment tax return or a	vant to receive the additional tax relief due to you, you must include ask HM Revenue and Customs to adjust your tax code.
Signature	Date
YOUR GIFT	
EITHER	
I would like to Join the 1557 Club by making a regular gift of	
£15.57 £50 £100 £155.70	£1,557 other £
Please complete the Banker's Order overleaf or make arrangement	nts with your bank using the details below.
OR	
I would like to make a single gift of	
£100 £250 £500 £1,000	£5,000 £10,000 other £
Please enclose a cheque made payable to 'the Fitzwygram Found	dation,' make a bank transfer using the details below.
AND	
I am willing for my name to be published in the list of donors	s
BANK DETAILS Bank: Barclays Bank Address: 6 Clarence Street, Kingston upon Thames, KT1 1NY	Account: The Fitzwygram Foundation Account Number: 23698971 Sort Code: 20-46-76





BANKER'S ORDER

Please complete this form ONLY if you would like to make a regular gift. The Banker's Order Form will be sent to your Bank (name and address of your bank in CAPITALS). To: The Manager Bank/Building Scoiety Postcode Bank Account Number Bank Sort Code Please pay: Barclays Bank, 6 Clarence Street, Kingston upon Thames, KT1 1NY for the credit of The Fitzwygram Foundation **Account Number: 23698971 / Sort Code: 20-46-76** and then on the same day in each of the following years, making payments in all, OR months quarters until further notice Signature Date..... Name (Mr/Mrs/Miss/Ms) Address Postcode Telephone Mobile

