

Donation Form

Please complete this form as follows and return to:
Truro School Foundation Limited, Tower Office,
Truro School, Trennick Lane, Truro, TR1 1TH



**TRURO
SCHOOL**
FOUNDATION

- > For regular donations by Standing Order please complete section 1, 2, 4, 5 and 6
- > For a single one-off donation please complete sections 1, 3, 4, 5 and 6

All gifts, no matter what size, are very gratefully received.
Thank you for helping to support a child's future.

SECTION 1 YOUR DETAILS

Title:	Forename(s) or Initial:
Surname:	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	

SECTION 2 REGULAR DONATIONS BY STANDING ORDER

I would like to make a regular donation by Standing Order:

To: (name and address of your bank)	
City:	Postcode:

Please pay: **HSBC, Truro**
For the credit of: **Truro School Foundation Limited.**
Sort Code: **40-44-34** Account No: **71348825** IBAN Number: **GB45MIDL40443471348825**

Please make regular payments of £	Every Month: <input type="checkbox"/>	Quarter: <input type="checkbox"/>	Year: <input type="checkbox"/>
<input type="checkbox"/> Payments should be for a period of: <input type="text"/> year(s) starting on: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Account name:			
Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Signature:	Date:
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SECTION 3 SINGLE ONE-OFF DONATION

THIS PORTION WILL BE DETACHED AND DESTROYED IMMEDIATELY AFTER USE

Card details:

Name as it appears on the card:

Card no: Expiry date: /

Valid from: / 3 digit security number: Issue no. (Switch only):

I would like to give a single donation of: £

I enclose a cheque made payable to The **Truro School Foundation Limited**

Signature:

Date:

SECTION 4 MAKE YOUR GIFT GO FURTHER AT NO EXTRA COST

The Government's Gift Aid scheme allows us to reclaim 25p of tax on every £1 you give Truro School Foundation - at no extra cost to you. All you need to do is tick below.

giftaid it

- I am a UK taxpayer and would like to Gift Aid all donations I have made to Truro School Foundation in the last four years and all donations I make in the future, until I notify you otherwise*
- I am not a UK taxpayer

GIFT AID IS IMPORTANT TO US

*I confirm I have paid or will pay an amount of income tax and/or capital gains tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax claimed on all donations in the tax year, otherwise I will be responsible to pay any difference, I understand the Truro School Foundation will reclaim 25p of tax for every £1 that I have given.

Date:

SECTION 5 DIRECTING YOUR DONATION (Please choose one box)

Please indicate if you are happy for the Foundation to decide how your gift will be used to support the needs of Truro School **OR** whether you would prefer a specific area or project to benefit.

- I would like the Truro School Foundation to decide the best way to use my gift for the purpose of improving education at Truro School.
- I wish my gift to be used for the purpose of Foundation Awards (bursaries).

SECTION 6 ACKNOWLEDGING YOUR GIFT (Please indicate by choosing one or more boxes)

Every person making a gift, or who indicates their intention to leave a legacy, to the Foundation will automatically become a member of the **Esse Quam Videri Society or Wesley Society**, especially created to enable the Headmaster and Board of Trustees to thank TSF supporters. Members will receive invitations to selected School events and be thanked publicly in the TSF Annual Report unless their wish is to remain anonymous. Only your name will appear - we NEVER disclose amounts donated.

- I wish my gift to be anonymous
- I **DO NOT** wish to become a member of the **Esse Quam Videri Society or Wesley Society**.
- Please acknowledge my name as (Please print):
(eg. Mr/Mrs Smith, The Smith Family)

Signature:

Date: