

GIFT AID DECLARATION

I wish to make a regular donation of:			
£5 £10	£20 per month per quarter		
Please tick the boxes that apply, and please complete and return the attached standing order mandate form.			
• I am not able to make a regular donation; however I would like to make a one-off donation of \pounds			
I am a taxpayer* and I wish the Academy to reclaim tax on my donations.			
Title	Mr/Mrs/Miss/Ms/Dr/Other – Please delete as appropriate		
Full Name			
Address			
	Post Code		
Signed:			
Date:			
Student Name			
Form			

^{*}Please notify the Academy if your circumstances change and you no longer pay income tax

STANDING ORDER MANDATE

10	Dank Fic	Dranch	
Full Address			
Please pay:			
Beneficiary's Bank and	Branch Name		
	<u>Lloyds Bank</u> 36 Chequer Street, St. Albans, Her	ts AL1 3YQ	
Sorting Code Number	Beneficiary's Account Number	Beneficiary's Name	
30-97-25	29562960	Marlborough Science Charitable Trust	
First Payment *	Date of First Payment *	Reference	
£			
Usual Payment	Start Date	Frequency (eg. 10 th monthly)	
£			
Last Payment *	Expiry Date	OR Until Further Notice	
£			
Use shaded boxes if First and/or Last Payment differ(s) from Usual Payment			
Account to be Debited		Account Number	
Delete one of the following.			
a. This is a new instruction.b. Please cancel any previous Standing Order in favor of the Beneficiary under the above reference.			
			
Signature(s)			
	Date	e	