



Gift Card

Thank you for supporting our Keys for Life Bursary Campaign. Please complete this form in BLOCK CAPITALS and send to: St Peter's School, York YO30 6AB Or email to: development@stpetersyork.org.uk

Gift Declaration		
Title: First Name:	Surname:	
Address:		
	l: Email:	
_		
☐ I would like to make an anonym		
I am/we are pleased to support St Pe	er's School York by making my/our gift of:	
£ Signatur	e: Date:	
I would like this gift to be used towar	ds the Bursary Campaign.	
Method of payment: (Please tick the	nose appropriate)	
☐ Cheque	(Please make cheques payable to 'St Peter's School, York')	
☐ Direct Debit	(Please complete the Direct Debit Instruction on the reverse of this form)	
☐ Credit Card	(Please email development@stpetersyork.org.uk for instructions)	
Electronic Bank Transfers and add a reference which	(Please make the payment to: 'St Peter's School, York'. Sort code: 05-09-94 Account number: 25556436 ncludes your surname followed by KFL (e.g. DunfordKFL)	
☐ Online	(Please scan the code to be taken to our donations page)	
Amount:	Frequency: Single Monthly Quarterly Biannually Annually	
Date of first Payment: DD / MM	YYYYY and for years or until further notice.	
For Legacies or any other type of gift (such as gifts of shares or land), please contact us.		
Gift Aid Declaration: giftaid it	.	
	f £ and any donations I make in the future or have made in the past 4 years to:	
Please treat all gifts of money t	hat I make today and in the future to St Peter's School, York as Gift Aid donations.	
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.		
Signature:	Date:	
	declaration, change your name, or home address or no longer pay sufficient tax on your income and/or capital gains. ditional rate and want to receive the additional tax due to you, you must include all your gift donations on your self- ljust your tax code.	
	ter's School, York collect, process and hold personal information in accordance with the General Data Protection supporting the School. We do not share your personal details with other organisations. If you would like us not to use your ease tick this box	
Registered Charity Number: 1141329 Address: St Peter's School, York, Clifton York YO30 6AB Website: www.stnetersvork.org.uk		

Please see overleaf for Direct Debit Form and Guarantee





Direct Debit Form and Guarantee

Lucid like to give a denotion of (Monthly / Quarterly / Appually
I would like to give a donation of £	
First payment to be made on 1st of the Month 15th of the	e month 🗀
Name(s) and Address of Account Holder	
Title Name	Address
	Postcode
Bank / Building Society Account Number	
Branch Sort Code	
Name and full postal address or your bank / building s	society
To The Manager	
Address	Postcode
Originators Identification Number	
6 9 I 2 I 3 CAF, Kings Hill, West Malling, Kent, MEI9 4TA	
Instruction to your bank or building society	
	account detailed in this instruction subject to the safeguards assured by the Direct ain with CAF re St Peter's School, York and if so, details will be passed electronically to
Signature:	Date:

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER





This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own bank or building society.

If the amounts to be paid or the payment dates change, CAF re St Peter's School will notify you at least ten working days in advance of your account being debited or as otherwise agreed.

If an error is made by CAF re St Peter's School or your bank or building society, you are guaranteed a full and immediate refund from your branch or the amount paid.

You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.