DONATION



FORM

Friends' School Lisburn

For one off donations please complete sections 1 and 2
For regular donations by Direct Debit please complete sections 1 and 3

If you have any queries please contact the Development Office on <u>028 9266 2156</u> or email: <u>friendsforlife@friends.lisburn.ni.sch.uk</u>

Thank you for your support

SECT	ION 1: YOUR DETAILS
NAME(S):	
FULL ADDRESS:	
POSTCODE	
TELEPHONE	
EMAIL:	
Please Gift Aid	your donation to make it worth an extra 25% to the School at no extra cost to yourself. I am a UK taxpayer, and would like Friends' School Lisburn to treat this donation (and any other donations I may make from the date of this declaration until I notify you otherwise) as a Gift Aid donation.*
FULL ADDRESS:	
SIGNATURE:	giftaid it
DATE:	
	*NB I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay the difference. I will notify the Charity if I wish to cancel my donation, change my name or address or if I no longer pay sufficient tax.





SECTION 2: MAKING A SINGLE GIFT

I would like to make a sing	gle gift of £			Tel Control			
I would like to pay by:	Cheque (made payable to	o Friends' Scl	nool Lisburn	SURS	UM·SUNT·QUE		
	Charities Aid Foundation	(CAF) Vouch	ier	Friends' Sch	nool Lisburn		
	Direct Bank Transfer						
CHEQUES/CAF VOUCHERS Please enclose with this form ar	nd send to: Development Office Friend	ds' School Lisbu	rn <u>6 Magherala</u> v	ve Rd, Lisburn BT28 3Bl	<u> </u>		
DIRECT BANK TRANSFER To: Friends' School Lisburi Account Number: 5106216 Sort Code: 93-83-35 Please quote your name of	n	n identify you	r donation				
SIGNATURE:		, , , , ,					
DATE:							
SECTION 3: N	MAKING A REGUL	AR GIF	T				
			_				
l would like to make a regu	ular gift of £	Each:	MONTH	QUARTER	YEAR		
Beginning on the 10th of	(month)	(ye	ar) * - allow (one month from too	day		
Friends' School Lisburn, 6 Mo Instruction to your Bank or B	SERVICE USER NUMBER 961898						
Name and full postal address	s of your Bank or Building Soci	ety:	Instruction to your Bank or Building				
TO: The Manager	Bank/Building So	ciety	Society. Please pay Friends' School				
ADDRESS:				rect Debits from t			
ASSINGUE.				this instruction s Is assured by the	•		
			•	e. I understand the			
POSTCODE:			instruction	n may remain with	Friends'		
FOSTCODE.	School Lisburn and, if so,details will be						
NAME OF THE ACCOUNT H	NAME OF THE ACCOUNT HOLDER(S):				passed electronically to my		
			Bank/Build	ding Society			
ACCOUNT NUMBER :			2.0.0.1101th				
SORT CODE:							
			DATE:				

The Direct Debit Guarantee

This guarantee should be detached and retained by the payer

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

• If there are any changes to the amount, date or frequency of your Direct Debit, Friends' School Lisburn will notify you 10 working days in advance of your account being debited

or as otherwise agreed. If you request Friends' School Lisburn to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Friends' School Lisburn or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.



[•] You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.





DIRECT