

Help us with just a few pounds each month and join us in making a difference to the Waterloo Schools, Sierra Leone



Please complete and return to: Waterloo Schools Charity, Lower Kytes, Dormston, Worcester WR7 4LB  
If you prefer to set up your standing order via online banking, please complete online and return the Gift Aid Declaration

## STANDING ORDER MANDATE

| To The Manager (your bank details) |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
|------------------------------------|----------------------|---|---|--------|---|---|--------|---|---|-------|------|---|---|---|---|---|---|---|
| Bank Name                          |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Bank Branch                        |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Bank Sort Code                     |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Bank Account Number                |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Please Pay                         |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Payee Bank Name                    | B                    | A | R | C      | L | A | Y      | S | B | A     | N    | K | P | L | C |   |   |   |
| Payee Bank Account                 | W                    | A | T | E      | R | L | O      | O | S | C     | H    | O | O | L | S | C | H | A |
| Payee Sort Code                    | 2                    | 0 | 9 | 8      | 6 | 1 |        |   |   |       |      |   |   |   |   |   |   |   |
| Payee Account Number               | 8                    | 0 | 7 | 0      | 4 | 3 | 7      | 7 |   |       |      |   |   |   |   |   |   |   |
| Frequency (delete as appropriate)  | Monthly / Annually   |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Duration                           | Until further Notice |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Amount (delete as appropriate)     | £5.00                |   |   | £10.00 |   |   | £15.00 |   |   | Other |      |   | £ |   |   |   |   |   |
| Date of First Payment (Complete)   | D                    | D | / | M      | M | / | Y      | Y | Y | Y     |      |   |   |   |   |   |   |   |
| Reference (Your Name)              |                      |   |   |        |   |   |        |   |   |       |      |   |   |   |   |   |   |   |
| Signature(s)                       | Print Name(s)        |   |   |        |   |   |        |   |   |       | Date |   |   |   |   |   |   |   |



## GIFT AID DECLARATION

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the Charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid my donation of £ \_\_\_\_\_ and any donations I make in the future or have made in the past 4 years. 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.

**Please notify the Charity if you:** (a) want to cancel this declaration or (b) change your name or home address or (c) no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

| Your Details  |  |  |  |  |  |  |  |  |  |  |  |                          |
|---|--|--|--|--|--|--|--|--|--|--|--|--------------------------|
| Your Name   |  |  |  |  |  |  |  |  |  |  |  |                          |
| Your Full Address including Postcode  |  |  |  |  |  |  |  |  |  |  |  |                          |
|   |  |  |  |  |  |  |  |  |  |  |  |                          |
|   |  |  |  |  |  |  |  |  |  |  |  |                          |
| Contact Number  |  |  |  |  |  |  |  |  |  |  |  |                          |
| Please tick here if you would like to receive our newsletters from time to time |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> |
| Email Address:  |  |  |  |  |  |  |  |  |  |  |  |                          |

|              |               |      |
|--------------|---------------|------|
| Signature(s) | Print Name(s) | Date |
|--------------|---------------|------|