| SUPPORT THE 150TH ANNIVERSARY CAMPAIGN South Ham | nstead |
|---|------------------|
| To make a donation, please detach and complete this form and email to development@shhs.gdst.net or mail to Philanthropy Office, SHHS, 3 Maresfield Gardens, London, NW3 5SS. | россии |
| Name | |
| I would like my donation to go towards | |
| OPENING DOORS Bursaries 150TH ANNIVERSARY PROJECTS (Roof Terrace a | nd Gym |
| PARTNERSHIP + OUTREACH Where the School needs it most | |
| SINGLE DONATIONS | |
| I would like to make a single donation of £ | via |
| BANK TRANSFER CHEQUE PARENTPAY | |
| Account name: Account number: IBAN number: Please enclose a cheque For current parents GDST Annual Fund 84552549 GB79NWBK60 made payable to 'Girls' Day Please log-in to Par | |
| Sort code: BIC/Swift: 040484552549 School Trust'. | |
| 60-04-04 NWBKGB2L Please reference your name followed by SHHS (e.g. SMITHSHHS) | |
| | |
| REGULAR DONATIONS | |
| I would like to make a regular donation of £ starting on DD / MM / YYYYY ar | nd, |
| afterwards on the same day Monthly Quarterly Annually Until further notice, or until payments have been made. | |
| | |
| Instruction to your Bank or Building Society to pay by Direct Debit SERVICE USER NUMBER 6 8 5 3 NAME OF ACCOUNT HOLDER(S) | 8 8 9 |
| | 1 1 |
| Instruction to your Bank or Building Society: Please pay the | Girls' |
| Day School Trust Direct Debits from the account detailed in Instruction subject to the safeguards assured by the Direct I Guarantee. I understand that this Instruction may remain wing Girls' Day School Trust and, if so, details will be passed elect | Debit ith the |
| to my Bank/Building Society. NAME AND ADDRESS OF YOUR BANK OR BUILDING SOCIETY | |
| To: The Manager NAME OF BANK OR BUILDING SOCIETY Signature(s) | |
| Address | |
| Postcode Date | |
| , sactor | |
| giftaid it In order to Gift Aid your donation, you must tick the box below to indicate your agreement with the | |
| giftaid it In order to Gift Aid your donation, you must tick the box below to indicate your agreement with the two following statements: COMPLETE FOR YOURSELF AND PARTNER (IF APPLICABLE Title (1) (2) First initial(s) (1) (2) |) |
| giftaid it In order to Gift Aid your donation, you must tick the box below to indicate your agreement with the two following statements: I want to Gift Aid this donation, and any donations I make in COMPLETE FOR YOURSELF AND PARTNER (IF APPLICABLE Title (1) (2) First initial(s) (1) (2) Surname (1) |) |
| giftaid it In order to Gift Aid your donation, you must tick the box below to indicate your agreement with the two following statements: I want to Gift Aid this donation, and any donations I make in the future or have made in the past four years to the Girls' Day School Trust and/or GDST Academy Trust. I am a UK taxpayer COMPLETE FOR YOURSELF AND PARTNER (IF APPLICABLE Title (1) | |
| giftaid it In order to Gift Aid your donation, you must tick the box below to indicate your agreement with the two following statements: I want to Gift Aid this donation, and any donations I make in the future or have made in the past four years to the Girls' Day School Trust and/or GDST Academy Trust. I am a UK taxpayer COMPLETE FOR YOURSELF AND PARTNER (IF APPLICABLE Title (1) |) Y Y Y Y |