St Catharine's College 2018 Annual Fund

Residential address: _____

Full Name: Matriculation Year:

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

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\Box I want to Gift Aid my donation of £	e.g. £20 p/m	and any donations I

Postcode: make in the future or have made in the past 4 years to St Catharine's College, Cambridge. Email: ______ Phone: ______ Phone: ______ I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital I WOULD LIKE MY GIFT TO GO TOWARDS. 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. □ Where it is most needed □ Student Support □ Teaching □ Other _____ Title: Full Name: _____ I would like to: \Box give anonymously □ receive information about leaving a legacy to St Catharine's Residential address: _____ Postcode: _____ SINGLE GIFT I would like to make a single gift of £ by cheque or CAF voucher payable to St Catharine's College, Cambridge Signature: ______ Date: _____ Please notify the charity if you: **Or** please debit my Credit/Debit card as follows: want to cancel this declaration Card type (MasterCard/Visa etc): Card no: change your name or home address no longer pay sufficient tax on your income and/or capital gains If you pay Income Tax Valid From: ____/ Expiry ___/ Issue no: ____ (Maestro only) Security Number: _____ (3 digits on back of card) 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 Signature: ______ Date: ______ Revenue and Customs to adjust your tax code. **REGULAR DONATION** $\Delta_{\rm L} \rho$ This guarantee should be detached and retained DIRECT I would like to make a regular* donation of £ _____ 🗆 monthly 🗆 quarterly 🗆 half-yearly 🗆 annually *Instalments cannot exceed £3,000 🗸 by the Payer Commencing 01/ / _ _ _ until further notice until 01/ _ / _ _ _ The Direct Debit Guarantee This guarantee is offered by all Banks and Building Societies that accept Name & Full Address of your Bank/Building Society instructions to pay Direct Debits • If there are any changes to the amount, date or frequency of your Name(s) of Account Holder(s) Direct Debit CTT Charity Payments will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you Signature(s): _____ Branch Sort Code request CTT Charity Payments to collect a payment, confirmation of the amount and date will be given to you at the time of the request. Date: • If an error is made in the payment of your Direct Debit, by CTT Charity Payments 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. If you receive a refund you are not entitled to, you must pay it back when CTT Charity Payments asks you to.

> • 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.

Title:

Bank/Building Society Account Number



Service User Number: 277937

Instruction to your Bank or Building Society Please pay CTT Charity Payments Direct Debits, from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. (CTT Charity Payments process Direct Debits on behalf of St Catharine's College). I understand that this instruction may remain with CTT Charity Payments and if so, details will be passed electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit Instructions from some types of account