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Title Full Name Matriculation Year

Residential Address (inc Postcode)

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I WOULD LIKE TO SUPPORT:

- The area of greatest need
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I would like to make a single gift of £


I enclose a cheque/CAF cheque payable to 'St Catharine's College, Cambridge'
 Please charge my credit/debit card:

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REGULAR DONATION


I would like to make a donation of £ a month/quarter/year (delete as appropriate) commencing on 01

until further notice
 until 01



St Catharine's College
Cambridge

Instruction to your bank or building society to pay by Direct Debit



Please fill in the form and send to: St Catharine's College, Cambridge CB2 1RL

Name and full postal address of your bank or building society

To: The Manager Bank/building society

Address

Postcode

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Service user number

2	7	7	9	3	7
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Reference

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Instruction to your bank or building society
Please pay CTT Charity Payments Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with CTT Charity Payments Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

giftaid it I want to Gift Aid this donation, any donation I make in the future and any donations made in the past four years to St Catharine's College, Cambridge. I understand that I need to pay the same amount or more of UK income tax and/or capital gains tax as all charities will claim on my gifts in a tax year and that I am responsible to pay any difference to HM Revenue & Customs. Please notify the College if you want to cancel this declaration, change name or address, or no longer pay sufficient tax to cover the Gift Aid claimed on your donation.

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 Please send me details on leaving a gift in my will

Signature: Date: