

# ASHMOLE ACADEMY'S 6<sup>TH</sup> FORM CENTRE APPEAL

Return the completed, signed form to:  
Finance Department  
Ashmole Academy  
Cecil Road, Southgate, N14 5RJ



## **PART 1 - DONATION**

I wish to make a donation of £.....

DONORS DETAILS:.....

Full name: (Mr/ Mrs/ Miss / Ms):.....

Address:.....

.....

Email:.....

## **PART 2 - PAYMENT METHOD**

Please specify your chosen payment method:

Cheque payable to Ashmole Academy Development Fund

ParentPay

BACS (Ashmole Academy Development Fund: Account Number 93582469 Sort Code 20-29-77)

Standing Order (Please complete Part 4 on the reverse)

## **PART 3 - PLEASE COMPLETE THIS SECTION IN ALL CASES**

Signature:.....

Date:.....

**GIFT AID:** please treat this and any future donations I make to the Ashmole Academy Development Fund as Gift Aid donations.

\* It doesn't matter what rate of tax you pay as long as you pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations in that financial year. Please remember to inform us of any changes in your tax status.

**PART 4 - STANDING ORDER FORM**

To the Manager (bank name and address):.....

.....

..... Postcode:.....

Please pay **Ashmole Academy Development Fund**

Account Number: **93582469**

Sort Code: **20-29-77**

£..... every month. Total payment £.....

The first payment to be made on ..... and subsequently on the ..... day

of every month finishing on ..... (delete as appropriate)

Payee reference:.....

(to be completed by Ashmole Academy staff)

**Please debit**

Name of Account Holder(s):.....

Account Number:..... :

Sort Code:.....

Signature:.....

Date:.....

Full name: (Mr/ Mrs/ Miss / Ms):.....

Address:.....

..... Post code:.....

Telephone:.....

Email:.....