

DONATION FORM

Thank you for supporting life-changing opportunities at Tonbridge School.Please complete the relevant sections and return the form to:
Tonbridge Society Office, Tonbridge School, High Street, Tonbridge. Kent TN9 1JP

SECTION 1: YOUR DE	FTAILS	
Name:		
Address:		
		Postcode:
Telephone:		
Mobile:		
Email:		
Alternatively, I wou Widening Access	It to support the Unrestricted Fund where it ald like to direct my donation specifically to (the Foundation Award Programme) (port a particular House Award please inse	
LEAVING A LEGACY		
I have already includ	ed a legacy to the Tonbridge School Foun	dation in my will.
I intend to include a l	egacy to the Tonbridge School Foundation	n in my will.
Amount of legacy in	today's terms (optional):	£
I would like to discus	s my legacy in confidence. Please contact	me via:
Telephone	Mobile	Email
GIFT AID DONATIONS Please treat as Gift Aid do	onations all qualifying gifts of money made	e: (please tick all boxes you wish to apply)
Today	In the past 4 years	In the future
that is at least equal t donate to will reclaim I understand the cha	o the amount of tax that all the charities or on my gifts for that tax year. I understand t	Capital Gains Tax for each tax year (6 April to 5 April) Community Amateur Sports Clubs (CASCs) that I that other taxes such as VAT and Council Tax do not qualify. gave up to 5 April 2008 and will reclaim 25p
DECLARATION		
I would prefer my gift		
I am happy for my su	pport to be acknowledged in publications	and/or donor boards.
I would like my name	e to appear as: (eg. Mr/Mrs Smith, The Smith Fami	ily)

SECTION 2: REGULAR DONATIONS BY STANDING ORDER	
I would like to make a regular donation by standing order	
То:	
	Postcode:
(name and address of your bank)	
Please pay: HSBC, 100 High Street, Tonbridge, Kent TN9 1AN For the credit of: Tonbridge School Foundation	Sort code: 40-44-20 Account no: 01465414
Please make regular payments of: £	every: Month Quarter Year
Payments should be made until further notice. Or Payments should be for a period of (please allow one month before payments start)	years starting on:
Account name:	
Account no:	Sort code:
Signature:	Date:
SECTION 3: SINGLE DONATIONS	
I would like to make a single donation of:	£
I enclose a cheque made payable to the Tonbridge School Found	ation.
I would like to pay by credit/debit card. (Please note we do not acc	ent Amey cards)
I would like to pay by credibactic edia. (I rease note we do not dee	ept Amex ediasy
PAYING BY CARD	
Card no:	3 digit security number:
Expiry date: Valid from: /	Issue no. (Switch only):
Signature:	Date:
Registered Charity No. 1099162	

If you would like to know more about our campaigns or to pledge your support, please contact: Yvette Young, Development Manager \mid +44 (0) 1732 304253 \mid tsdevelopment@tonbridge-school.org

www.tonbridgesociety.co.uk/support-us