

## **Donation Form**

Please return this form to:The Office of External Relations, Ellesmere College, Ellesmere, Shropshire, SY I 2 9AB A Woodard School: Registered Charity Number I 103049

Benefactor's Full Name and Address	Gift Aid Decleration	
Title and Full Name make to Ellesmere College on or after	Declaration: Please treat any and all donations that I	
	make to Ellesmere College on or after the date of this declaration as Gift Aid and reclaim the tax on them. I de-	
	clare that I pay an amount in income tax and/or capital gains tax at least equal to the amount reclaimed on my	
Address	donation form.	
	Standard rate of tax	
	I wish to receive details of how to claim higher rate tax relief on this donation.	
	Signature	
Postcode:		
Please make cheques payable to: Ellesmere College	Date	
Donation Details	Date	
I would prefer my gift to be used for the following:	Multiple gifts ONLY: "In the event of my death before all instalments have been paid, I authorise my Executors to complete payment of the above". Add a copy of this form to your Will.	
Enhance Ellesmere		
Bursaries Un stricted*		
Should any of the funds be oversubscribed the College Council may redirect my donation to any other purpose in support of Ellesmere College.		
	Signature	
I wish my gift to be acknowledged		
by anonymous	Date	
*An unrestricted gift will be used where the School needs it most.		



## Standing Order Mandate

Please return this form to: The Office of External Relations, Ellesmere College, Ellesmere, Shropshire, SY 12 9AB A Woodard School: Registered Charity Number 1 103049

Benefactor's Full Na (please write in capitals) Title and Full Name	me and Address	Amount to be paid: (please tick as appropriate)  Annually  Monthly  Quarterly
THE AND THE		Payments should continue until:  a total of payments have been made or until further notice (please select one option)
Address		
		Name and Address of Your Bank (please write in capitals)
		Name of Bank
Postcode:		
Sort Code		Address
Account Number		
Amount and Regula	rity	
Please pay from my accoun	t to; Ellesmere College Ltd	Postcode:
Bank:	anken	i osteode.
		Signature
Sort Code		
Account Number		
First Payment of		Date
(in figures)		
(in words)		
Payments to begin:		
Subsequent Payment(s) of		
(in figures)		
(in words)		
Payments to begin:		