

DONATIONS FORM (Please complete in BLOCK CAPITALS)

Name

Organisation (if applicable)

Position

Address

Postcode

Tel No

E-mail Address

I enclose a cheque for £ _____ payable to THE EDWARD JAMES FOUNDATION

or please debit my Mastercard/Visa account for £ _____ Annually One off

Card Number Verification Code

Name (as on card)

Expiry Date (as on card)

I wish the charity treat this donation as gift aid yes no (You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year, currently 28p for each £1 you give).

I wish the charity to treat all donations I make from the date of this declaration as gift aid, until I notify you otherwise in writing. yes no

Signature

Date

THANK YOU FOR YOUR SUPPORT.

Please return this form to **Fund-raising, West Dean College, Chichester, West Sussex, PO18 0QZ**