

Only for donations £500-£5000*pa
 (*£10,000 for a married couple)

Foundation Office
Reference

For Office
Use

Bank please
quote reference

ELIZABETH COLLEGE FOUNDATION
450TH ANNIVERSARY APPEAL

Payment qualifying donations in the calendar year *(insert year)*

I, *(full name)*

of *(home address)*

confirm I have made a donation/donations to Elizabeth College Foundation

during in the sum of £.....*(amount in words)*.....

of which the amount qualifying for repayment to the charity is £ (see **Note 1** below)

I certify that:

- (a) the donation was made to a Guernsey Registered Charity,
- (b) the donation was made from income on which I have been charged to income tax in Guernsey and tax has been paid at the individual standard rate of 20% in the year of charge in which the donation was made,
- (c) the amount of the donation to the above-named charity has exceeded the minimum level of £500,
- (d) my total qualifying donations to all Guernsey Registered Charities during *(insert year)* do not exceed £5,000 in aggregate (or £10,000 for a married couple),
- (e) the donation was not made under a Deed of Covenant entered into prior to 1st January 2010.

Signature Date

Income Tax Ref No. of donor

Charity Registration No. CH91

Note 1 – If the amount of this donation means you will have made donations exceeding £5,000 to a Guernsey Registered Charity, or more than one Guernsey Registered Charity in aggregate, in the above year, the total repayment will need to be restricted to £1,250 (i.e. £5,000 net, grossed up to £6,250, at 20% = £1,250).

For example, if you have already certified payments during the year amounting to £4,500 and make a further donation of £1,000, the certificate should show the payment of £1,000 being made but only £500 would be a qualifying donation (i.e. £5,000 less the £4,500 already certified).

Tax year

Your full name
in CAPITALS

Your address
in CAPITALS

Insert Year and amount in
figures and words

Amount you wish to pay each
year/quarter/month

*Delete as applicable

Date when payments are
to start (MUST be on or
after the date of signature)

Date of your signature

Insert Year

Your signature

Name and full address of
your bank in CAPITALS

Your signature

Your Income Tax Reference

Your bank account
name, number and sort code

BANKER'S ORDER FORM

I

(Mr, Mrs, Miss, or Title – Full Name)

of

(address)

Postcode

request you to pay to HSBC Bank PLC (40-22-25) PO Box 31, St Peter Port, Guernsey, GY1 3AT for the credit of the Elizabeth College Foundation (Account No. 63843459).

the sum of

(amount in words)

(£.....) * annually for 5 years (5 payments in all)

(figures) * quarterly for 5 years (20 payments in all)

* monthly for 5 years (60 payments in all)

starting on the day of 20

Signed and delivered by me

on..... 20



(Signature)

To

(Name of bank)

of

(Address)

Postcode

Account name

Account number

- -

Sort Code

Form CH1 (03/10)

The completion of this form enables The Elizabeth College Foundation to reclaim tax paid on your donations. Please only complete this form where your donation(s) to all Guernsey Registered Charities are between £500 and £5000 (*£10,000 for a married couple) in a tax year (calendar year). Elizabeth College Foundation is a Guernsey Registered Charity CH91 Please ensure that ALL alterations are initialled.

When completed please return the **WHOLE** of this form to:
 The Elizabeth College Foundation, The Grange, St Peter Port, Guernsey, GY1 2PY

The Foundation Office will send the Banker's Order to your Bank.

Enquiries should be made to the Foundation Office at Elizabeth College:

Dot Carruthers
Foundation Director

Telephone: 01481 728217
Email dot@elizabethcollege.guernsey.net
Elizabeth College
St Peter Port
Guernsey
GY1 2PY

Sara Wright
Foundation Secretary



ELIZABETH COLLEGE FOUNDATION

PLEDGE FORM

Please give generously to support
Elizabeth College