

PLEASE READ CAREFULLY
BEFORE COMPLETING

Foundation Office reference	
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◀ For Foundation Office
Use ▶

Bank please quote reference	
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**ELIZABETH COLLEGE
UK FOUNDATION
450TH ANNIVERSARY APPEAL**

FIVE-YEAR PLEDGE

I
(Mr, Mrs, Miss, or Title – Full Name)
of
(address)
..... Postcode

PLEDGE with Elizabeth College UK Foundation that for the benefit of the 450th Anniversary Appeal for five years (or during my life if shorter) I will pay direct to Elizabeth College UK Foundation the sum of

.....
(amount in words)
(£) * annually
(figures) * quarterly
* monthly

from the day of 20
Signed by me
on 20

☞
(Signature)

Gift Aid Declaration

Please treat all my donations as Gift Aid Donations.
I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Please ensure that ALL alterations are initialled.

Registered Charity Number 1120954

◀ Your full name
in CAPITALS ▶

◀ Your address
in CAPITALS ▶

Amount you wish
◀ to pay each
year/quarter/month ▶

◀ *Delete and INITIAL the
inapplicable lines ▶

◀ Date when payments are
to start ▶

◀ Date of your signature ▶

◀ Your signature ▶

◀ Name and full address of
your bank in CAPITALS ▶

◀ 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 Lloyd's TSB Business Banking PO Box 1000 BX1 1LT (Sort Code **30-90-21**) for the credit of the Elizabeth College UK Foundation (Account No **03526897**)

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

When completed please return the **WHOLE** of this form to:

The Elizabeth College UK 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 foundation@elizabethcollege.guernsey.net
Elizabeth College
St Peter Port
Guernsey
GY1 2PY

Sara Wright
Foundation Secretary



ELIZABETH COLLEGE
UK FOUNDATION
CHARITY REGISTRATION 1120954

PLEDGE FORM

Please give generously to support
Elizabeth College