TRUSTS FOR AFRICAN SCHOOLS DONATION FORM



Charity Number: 1113113

BANKER'S ORDER (Do not complete for single donations)

DANKER S ORDER (Do not complete for single donations)
To The Manager	Bank
Address	
Sort Code	Your Account Number
I (full name)	
of (full address)	
	Post Code
request that you pay to 'TRUS'	TS FOR AFRICAN SCHOOLS', Barclays Bank, Richmond Branch, Surrey
Sort Code: 20 – 72 - 33 Acco	ount Number: 33530221
The sum of £	(amount in words)
Annually/monthly for	years from the/
	Date//
S	
SINGLE DONATIONS	
	made out to Trusts for African Schools.
Tenciose a cheque for	Illade out to Trusts for African Schools.
GIFT AID DECLARAT	TION
	CAN SCHOOLS to reclaim tax on all my donations made to TRUSTS FOR after the date of this declaration until I notify you otherwise.
Details of donor:	
Full Title: Forenan	mes: Surname:
Address:	
Signed:	Date:/
Please note that you must pay reclaim on your donation in the	an amount of income tax and/or capital gains tax at least equal to the tax that we e tax year. Higher rate tax payers can claim further tax relief.
Please check that you have si	igned where necessary. Thank you for your support.

Please send this form (and cheque if enclosed) to: Gill Marshall-Andrews, Secretary, Trusts for African Schools, 2 Marchmont Gardens Richmond Surrey TW10 6ET. Tel. 020 8940 0911