

ONE-OFF DONATION TO ST OLAVE'S PARENTS' ASSOCIATION

Student's Full Name _____ Form _____

Parent/Guardian Name _____

Please tick as appropriate:

- I attach a cheque for £_____ made payable to St Olave's Parents Association
OR
- I have made a bank transfer of £_____ dated _____ to **St Olave's Parents' Association** Sort Code **40-04-15** Account Number **41476459**
OR
- I have filled in and signed the one off payment mandate attached, and enclose it
AND (If applicable)
- Please treat this donation as a Gift Aid donation – I have signed the Gift Aid declaration below

GIFT AID DECLARATION

Full Name _____

Address _____

Please treat the donation of £ _____ to St Olave's Parents' Association (Charity No. 312601) as a Gift Aid donation.

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

Signed _____

Date _____

ONE OFF PAYMENT MANADATE

To The Manager _____ Bank

Address: _____

Please make a one off payment of £ _____

Payee: **St Olave's Parents' Association**

Sort Code: **40-04-15**

Account Number: **41476459**

Please make the payment from the following account.

Account name: _____

Account number: _____

Sort Code: _____

Signed _____ (As per bank mandate)

Date: _____