

Support the Horizon Fund



Please write clearly in black ink in the white spaces with capital letters or cross the boxes. All sections must be completed. Please return this form to **Staffordshire University**, we will log your gift and send the form to your bank. Important – we cannot set standing orders up on savings accounts.

1 Personal Details

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____ Tel: _____ Email: _____

This form must be completed by an individual – joint declarations will not be accepted by HM Revenue and Customs

Please tick if you wish your gift to remain anonymous. Otherwise, your name may be listed with other donors in printed and online publications.

I want to _____ make a one-off donation of £ _____ Cheques should be made payable to 'Staffordshire University'
_____ make a regular donation (please complete instruction below)

2 Gift Aid Declaration

Please tick the appropriate box

The enclosed gift of £ _____ as a Gift Aid donation; OR

All gifts of money that I make today and in the future as Gift Aid donations

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that Staffordshire University will reclaim on your gifts for that tax year.

Signature _____

3 Details of your Gift

Recipient's name

S T A F F O R D S H I R E
U N I V E R S I T Y

Payment reference (if applicable)

D O N A T I O N

First payment amount
(if different to usual payment)

First payment date

£ _____ D D M M Y Y

Usual payment amount

£ _____

Usual payment amount in words

Recipient's bank and branch name

Lloyds Bank

Recipient's sort code (6 digits)

Recipient's account number (8 digits)

3 0 9 8 0 0

0 0 8 5 8 3 8 3

How often do you want the payment made?

Monthly _____ Quarterly _____ Half yearly _____ Yearly _____

Final payment amount (if different to usual payment). This must have a final payment date.

£ _____

Final payment date (if applicable) or Until further notice

D D M M Y Y

Your agreement with us

Your signature(s)

Date

I authorise you to debit my/our account, in accordance with the details in the section above. This request is addressed to the bank which holds my/our account.

4 Bank Details

Account holders name

Sort code (being debited)

Account number (being debited)

Bank name

Branch address

FOR STAFFORDSHIRE UNIVERSITY OFFICE USE ONLY

Name

Signature

Date

Data Protection Statement: Staffordshire University collects, processes and holds personal information in accordance with the Data Protection Act 1998, for their activities in supporting Staffordshire University. Staffordshire University does not share your personal details with other organisations. If you do not wish to receive updates or other communications from Staffordshire University, please write, email or telephone (contact details overleaf).