



**Sandringham School Registered  
Charity No. XT31929**

The Ridgeway, St Albans, Herts.  
AL4 9NX

<b>To:</b>	The Manager,	
<b>Bank Name:</b>		
<b>Full Postal Address:</b>		
	Post Code:	



**PLEASE ENTER THE FULL ADDRESS  
OF YOUR BANK IN THIS BOX**

**Please print and complete ALL sections of this form & return it together  
with the Gift Aid Declaration Form (if applicable) to the Headteacher at the above address:**

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**STANDING ORDER MANDATE**

<b>ACCOUNT TO DEBIT:</b>		
<b>Account Number:</b>	<b>Account Name:</b>	<b>Sort Code:</b>
		- -

*(as it appears on your bank statements)*

<b>BENEFICIARY DETAILS:</b>			
<b>Bank:</b>	Lloyds Bank		
<b>Branch Details:</b>	Hitchin Branch, PO Box 1000 BX1 1LT		
<b>Beneficiary Name:</b>	Sandringham School		
<b>Account Number:</b>	46373760	<b>Sort Code:</b>	30-94-30

<b>PAYMENT DETAILS:</b>	<input checked="" type="checkbox"/> <i>Please tick one box in each section:</i>		
<b>Payment Amount:</b>	<input type="checkbox"/> £5	<input type="checkbox"/> £7.50	<input type="checkbox"/> £10 Other: £ _____
<b>Frequency of Payments:</b>	<input type="checkbox"/> Monthly		
<b>Date 1<sup>st</sup> Payment to be Made:</b>	(DD/MM/YY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>UNTIL FURTHER NOTICE</b>		
<b>Additional Instructions:</b>	This standing order mandate is: <input type="checkbox"/> a new or additional payment to the Sandringham School <input type="checkbox"/> <u>replaces</u> any existing payment to Sandringham School		
<b>Signature &amp; Date:</b>	_____ (Signature) (Date)		
<b>Payment Reference:</b>	_____ <b>LEAVE BLANK:</b> (For Office Use Only)		



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## GIFT AID DECLARATION

**Using Gift Aid means that for every pound you give, we get an extra 25p from the Inland Revenue, helping your donation go further.**



**Please tick this box to enable us to claim Gift Aid**

*Please treat as Gift Aid donations all qualifying gifts of money I make or have made to the Sandringham School in the past four years. I confirm that I am a UK tax payer and have 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 charities and Community Amateur Sports Clubs 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 that Sandringham School will reclaim 25p of tax on every £1 that I give.*

- This form should only be completed by the person donating the money.
- In the case of donations from joint accounts, the Charity will assume that the donation is made by the person who has signed the Gift Aid Declaration. If a joint account donor wishes to allocate the Gift Aid otherwise (eg. to the other account holder or in a specific proportion), please inform us in writing.

Title:	First Name: <i>(in full)</i>	Surname:	
Mr/Mrs/Miss/Dr/Other			
Home Address:			
	Postcode:		
Student Name:		Form:	
Student Name:		Form:	



**Please tick as appropriate:**

<input type="checkbox"/> My donation will be made via the Attached Standing Order mandate  <b>OR:</b> <input type="checkbox"/> My donation will be made via the enclosed cheque (payable to "Sandringham School")	Amount:    £5 <input type="checkbox"/> £10 <input type="checkbox"/> £7.50 <input type="checkbox"/> Other: £ _____  Signed: _____  Date: _____
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**Please notify the school if you:**

- 1) Want to cancel this declaration.
- 2) No longer pay sufficient tax on your income and/or capital gains.

**If you have changed your name or home address, please complete a new Gift Aid Declaration form & return it to the school.**

**THANK YOU FOR YOUR SUPPORT**