



**ASSOCIATION OF FRIENDS OF
KING EDWARD VI CAMP HILL SCHOOL FOR BOYS**
Registered Charity Number 511109

CAMP HILL BOYS AFS SCHOOL FUND – STANDING ORDER FORM

Section 1.	DONOR DETAILS
Student's Name and form	_____
Donor's Name	_____
Donor's Address and postcode	_____ _____

Section 2	GIFT DETAILS
I wish to donate	<input type="checkbox"/> £ 5.00 per month <input type="checkbox"/> £ 30.00 per month <input type="checkbox"/> £ 10.00 per month <input type="checkbox"/> £50.00 per month <input type="checkbox"/> £ 15.00 per month <input type="checkbox"/> £ 180.00 <i>per year</i> <input type="checkbox"/> £ 20.00 per month <input type="checkbox"/> £ _____ <i>per year/month*</i>
	*(please insert other amount if required)

Section 3	GIFT AID DECLARATION:
<input type="checkbox"/>	Yes^^, I want to Gift Aid my donation above and any donations I make in the future or have made in the last 4 years to the Association Friends of King Edward VI Camp Hill School for Boys*.
<input type="checkbox"/>	No, I am not a UK taxpayer so am unable to take part in the Gift Aid Scheme.
*I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference	
^^Please notify the AFS if you wish to cancel this Gift Aid Declaration, if you change your name or address, or if you no longer pay sufficient tax on your income and / or capital gains for Gift Aid purposes.	

Section 4 STANDING ORDER MANDATE (Bank Details)	
To (Name of your Bank)	_____
Please make the following payments from my/our account:	
Account number	_____
Sort Code	_____
The sum of (please insert amount)	£ _____
Starting on (2 months from today)	Day _____
	Month _____
	Year _____
and at monthly/annual* intervals thereafter until cancelled by me/us in writing *(please delete as appropriate)	
Bank to receive payment Barclays Bank UK PLC Sort Code: 20-08-64	Account to be credited at that Bank AFS KEVI CHB Account number: 7304 7830
Reference (to be completed by AFS)	_____

Section 5 STANDING ORDER MANDATE (Signature) – PLEASE SIGN	
Name(s) of account holder(s)	_____
Signature	_____
Date	_____

When complete, please return this form to School Reception/Office
Do Not send this form direct to your bank, we need to make a copy in order to assign a reference number and to make the claim for Gift Aid.

*Thank you for your support
(AFS Committee)*