



### Personal Details

Name \_\_\_\_\_ Matriculation Year (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_ Telephone number \_\_\_\_\_

From time to time we publish lists of donors. Please tick this box if you would prefer to remain **anonymous**: ☐

### Gift Aid Declaration (for UK taxpayers)

Please treat all donations I make to Christ's College, Cambridge (Registered Charity Number 1137540) on or after the date of this declaration, until I notify you otherwise, as Gift Aid donations.

I confirm I am a UK Taxpayer and have paid 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 the charities or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that it is my responsibility to pay any difference between these amounts, and that other taxes such as VAT and Council Tax do not qualify for relief. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Regular Gift

#### Standing Order mandate

Account Name \_\_\_\_\_

Name of your bank \_\_\_\_\_

Address of your bank \_\_\_\_\_

Postcode \_\_\_\_\_

Account Number

Sort Code  -  -

Please pay Christ's College Cambridge the sum of £ \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

and the same day each succeeding **month / quarter / year**  
(delete as appropriate)

Please tick and complete as appropriate

☐ Final payment date: \_\_\_\_\_

**OR**

☐ Until further notice

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Please make the payment to Christ's College  
Acc No. 03322253 at Lloyds, 3 Sidney Street, Cambridge,  
CB2 1BQ. Sort code 30-91-56 quoting reference no:

### Leaving a Gift in your Will

☐ I would like information about leaving a Gift in my Will

☐ I have included a gift to the College in my Will

### Single Gift

☐ I enclose a cheque / CAF donation payable  
to Christ's College Cambridge for £ \_\_\_\_\_

☐ Please charge £ \_\_\_\_\_ to my  
Visa / Mastercard / Maestro / American Express (delete)

Card Number

Expiry Date  /

3-digit Security Number\*

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Located on the signature strip on the back of the card. For security reasons you may wish to phone, e-mail or send separately.

Please return this form and direct any enquiries to:

The Development Office  
Christ's College  
Cambridge  
CB2 3BU  
UK

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Fax: +44 (0)1223 747495  
e-mail: development@christs.cam.ac.uk