

### Academy Fund and Gift Aid Declaration

Contact information	
Student name	
Parent/carer title & full name	
House number and road	
Town	
County	
Postcode	Telephone

#### Donation

I agree to donate £..... per month (suggested amount £5 per month per pupil)

Please sign below to confirm that the donations received from you by Knutsford Multi-Academy Trust will be allocated to the Academy Fund. In doing so, you consent to your personal data being used by the Academy for administrative purposes. Your data will NOT be passed to any other third party organisation without your prior consent.

Signed:..... Date .....

<i>giftaid it</i>	Gift Aid Declaration
<p>The Charity can reclaim basic tax rate on all gifts, provided you have paid an amount of UK Income Tax or Capital Gains Tax equal to the tax we reclaim. This means that every £5 is worth £6.25 and the difference is paid by the Inland Revenue, at no cost to you. If you pay at a higher tax rate, then you can claim further relief on your self-assessment tax return. You can cancel your declaration at any time by notifying us. If you need further information, please contact your local Tax Office and ask for leaflet IP113 Gift aid.</p>	
<p>I wish Knutsford Multi-Academy Trust to treat this donation, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid declarations.</p>	
<p>Signed: ..... Date: .....</p>	

**STANDING ORDER MANDATE – ACADEMY FUND**

**Your bank/building society details**

To: ..... (name of bank/building society)

Address: .....

..... Postcode: .....

Sort code: .....-.....-..... Account number: .....

Please pay to Barclays Bank, 87 King Street, Knutsford WA16 6EL for the credit of: **Knutsford Multi Academy Trust School Fund Donations** Sort code: **20-53-85** Account number: **23613623**

£ ..... on 1<sup>st</sup> of each month, starting from (add in month/year) ..... and continue until further notice. (to be completed by Parent/Carer)

**To the paying bank:**

Please quote reference number: ..... when making payment  
(to be completed by the school)

**Parent/carers - please complete below to authorise your bank to make the payments**

Signature: ..... Date: .....

Surname: ..... First name: ..... Title: .....

Address: .....

..... Postcode: .....

**Please return these forms to the your Form Tutor, or to the student office  
DO NOT send to your bank**