

Form 2 - Please complete both pages and return in the reply-paid envelope.

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 will be allocated to the Knutsford Academy Fund. In doing so, you consent to your personal data being used by the Trust for administrative purposes. Your data will NOT be passed on to any third-party organisation without your prior consent.

Signed:

Date

Gift Aid Declaration
<p><i>giftaid it</i></p> <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, 10 Market Place, Macclesfield, SK10 1HA for the credit of:

Knutsford Multi Academy Trust School Fund Donations**Sort code: 20-53-85 Account number: 23613623**£ on 1st 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 this form in the reply-paid envelope.
DO NOT send to your bank.**

Knutsford Academy*Academic Excellence Strong Community World Class Opportunities*

Official Knutsford Academy



@knutsfordac