

The Mount School York Foundation

Bursaries Bursaries	Buildings & Campus fa	_		n Projects	1
Charity Name: The N			harity No. 117 1	J	
Charity Name: The Mount School York Foundation Title Forename(s)			•		
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		PO	sicode		
Please complete th	is section if you are a U	JK taxpayer			
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_	and wish all donations I	make from the	date of this dec	laration until	I notify you
	effective under the Gift				
Aid donations on	self-assessment tax ret	turns or ask HN	RC to adjust y	our tax code).
Signature		Print nam	e		
Date					
Please remember to I	notify us if your circumstand	•			•
•	the tax the charity claims o	n your donation in	the tax year. Oth	ierwise, it is you	ur responsibility
to pay any difference					
Please complete pa	yment method A (for a	a single gift) or	B (for regular	giving)	
(A) I WISH TO MA	AKE A SINGLE DONATION	NI BY CDEDIT /	DERIT CARD /	CHEOLIE	
	debit my account with th				
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Cardholder's name					
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Start date	Expiry	/ date			
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Flease make chequ	ues payable to The Mou	iit School York			
(B) I INTEND TO I	MAKE A REGULAR DON	IATION OF £			
 Monthly / quarterly	y / half yearly / annually,	commencing			20
quarteri	, , man yearry , armaany,	commencing			
 Please note The Mo	ount School York Foundat	tion's Bank detail	's:		
	I York Foundation, The			errace, York	YO24 4DD
Bank:	HSBC				
Sort Code:	40-47-31				
Account Number:	04836227				