GIFT FORM

In returning this form, you are sending us with your personal data. To understand how we use it, read our Privacy Notice at www.bfriars.ox.ac.uk/privacy



| Title(s): First Name(s): | | | Last Name(s): | | | |
|---|---|---------------------------|--|-------------------------|---|--|
| Hoi | me Address (| inc. Post Code): | | | | |
| | | Ema | ail: | | ☐ Send me campaign updates by email. | |
| | | | | | | |
| I W | • | y / our support to t | • | ate vour aift to th | e area of greatest need, OR CHOOSE: | |
| | | | | - | | |
| | I am interes | sted in making a lar | ger gift and would like to di | scuss this / rec | eive an information pack. | |
| ☐ I wish to set up a recurring donation (use the Standing Order form below or go to www.bfriars.ox.ac.uk/800) | | | | | | |
| | I wish to donate the following sum now: £ by means of: | | | | | |
| | □ Cheque | (payable to 'The Do | ominican Council') 🔲 🕻 🕻 | ish (please hand | d deliver; don't send by post) | |
| | □ Credit/ | Debit Card – go to | www.bfriars.ox.ac.uk/800 | □ Bank Tra | ansfer (we will send you account details) | |
| | Legacy Giving. I am interested in leaving a gift in my / our Will. Please send further information. | | | | | |
| | | | | | | |
| G | IFT AID | DECLARA | TION | | | |
| I am a UK taxpayer and would like the charity to treat all donations I have made for this tax year [and the four years prior to the year of this declaration]†, [and all donations I make from the date of this declaration until I notify the charity otherwise]†, as Gift Aid. I understand that if I pay less income tax and/or Capital Gains tax in a tax year than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. †Delete as applicable. Gift Aid is reclaimed by the charity from the tax you pay in a given tax year. Your home address is needed to | | | | | | |
| Signature: Date:/ | | | // | | | |
| ST | TANDIN | NG ORDER | MANDATE | | | |
| Fro | m: [your nam | e]: | | | | |
| [you | ur address]: | | | | | |
| Tot | the manager | : Bank Name: | | | | |
| Bar | nk Branch Add | lress & Postcode: | | | | |
| | | | Box 412, 62/63 Threadneedle Stonneil, sort code 16-00-15, acc. | | 3 | |
| the | sum of [in fig | gures] £ | [in words] | | | |
| on | // | [date of 1st pay | ment] and then | | | |
| mo | nthly / quar | terly / annually [de | lete as applicable] | | | |
| unt | il// | [optional date | e of last payment] OR until furt | her notice, | | |
| and debit my/our account accordingly. | | | | | CONTACT DETAILS | |
| Quoting reference [charity to complete] | | | | | For further information or assistance, | |
| Account name: | | | | | please contact: | |

RETURN THE WHOLE FORM TO:

Sort code:Acc. no.:

Signature: Date: / /

Development Office, Blackfriars, St Giles, Oxford. OX1 3LY

Development Office, Blackfriars, St Giles, Oxford OX1 3LY, U.K.

development. director @bfriars.ox. ac. uk

01865 610208 [+44 1865 610208]

www.bfriars.ox.ac.uk/800