

# Alumni Giving Gift Form

## Your Gift

Full name (including title): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Name of your LAMDA Course: \_\_\_\_\_

### Gift Aid Declaration

I am a UK tax payer and wish LAMDA to treat this donation, and all donations I make from the date of this donation until I notify you otherwise, as Gift Aid donations.

*giftaid it*

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

Note: To be eligible for Gift Aid, you must pay enough UK income tax and/or capital gains tax to cover the amount of tax LAMDA will reclaim on your donation which, at the time of going to press, is 25p for every £1 you donate.

## A Regular Gift by Standing Order

Instruction to your Bank or Building Society

### Your Bank Details

To Manager (Bank name and address)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode  
 \_\_\_\_\_

Name(s) of Account Holder(s)  
 \_\_\_\_\_

Account number  
 \_\_\_\_\_

Branch Sort Code  
 \_\_\_\_\_

### Bank instruction – Sterling only

Please debit my/our above account and pay the sum of £ \_\_\_\_\_\*  
 each month/quarter/ year until further notice (please circle the correct frequency)

Starting on DD / MM / YY (please allow 1 month from today)

And on the same day each month/quarter/year until you receive further notice from me/us in writing, to the following account:

**Bank Name:** Allied Irish Bank  
**Sort Code:** 23-83-98  
**Account name:** LAMDA Ltd  
 Development Current Account  
**Account Number:** 51763221

### Authorisation

Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

## B Regular Giving by Credit Card

I wish to make a regular donation to LAMDA of £ \_\_\_\_\_\*  
 monthly/quarterly/annually (please circle the correct frequency),  
 commencing on: 01/\_\_\_/\_\_\_ (please note all regular donations  
 begin on the first day of the month).

Mastercard  Visa  Delta  Visa Debit

Card no:  
 \_\_\_\_\_

Security code: \_\_\_\_\_

Start date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

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

## C Single Gift by Cheque/Credit Card

I enclose a cheque for £ \_\_\_\_\_\*  
 made payable to 'LAMDA Ltd.'

Please charge £ \_\_\_\_\_\* to my credit card.

Mastercard  Visa  Delta  Visa Debit

Card no:  
 \_\_\_\_\_

Security code: \_\_\_\_\_

Start date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

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

\*Please tick if you wish your gift to remain anonymous.

### Please return this completed form to:

LAMDA  
 Development & Communications Office  
 155 Talgarth Road  
 London  
 W14 9DA  
 United Kingdom

Tel: +44 (0)20 8834 0510  
 Fax: +44 (0)20 8834 0501  
 Email: [development@lamda.org.uk](mailto:development@lamda.org.uk)

[www.lamda.org.uk](http://www.lamda.org.uk)

Registered with the Charity Commissioners as an educational charity No. 312821

**Thank you for your generous support**