



Personal Details


Name: _____

Address: _____

Post Code: _____

Email: _____ **Telephone:** _____

Newnham College holds your personal data securely and will treat it confidentially and with sensitivity, and in accordance with the appropriate laws on data protection. Read our full statement: www.newn.cam.ac.uk/alumnae/keeping-in-touch/data-protection. We will hold the data you supply for the purposes of managing your donation. Please be assured that we will continue to honour any communication preferences you have made us aware of. If you would like to change your communication preferences, please email us at roll@newn.cam.ac.uk.



Gift Details

I wish to make a gift of £ _____ as a one off on the 1st / 15th of the month. (*please delete as appropriate)

Where would you like your gift to go?	<input type="checkbox"/> Area of Greatest Need	<input type="checkbox"/> Supporting our Students (Wellbeing Advisor)	<input type="checkbox"/> Academic Research and Learning - General
	<input type="checkbox"/> Greening Newham	<input type="checkbox"/> Supporting our Students (postgraduate support)	<input type="checkbox"/> Academic Research and Learning - History
			<input type="checkbox"/> Academic Research and Learning - Senior Members Research Support

Gift Aid Declaration


If you are a UK tax payer Gift Aid allows Newnham College to reclaim the basic rate of tax paid on your gift, increasing its value by 25p per £1 at no cost to you. If you are a higher rate tax payer, you can claim the tax relief on your self-assessment tax return.

I would like Newnham College to treat this donation, and all future donations I make from the date of this declaration, as Gift Aid donations. *giftaid it*

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand that I can cancel this declaration at any time by contacting the Roll & Development Office

Signed: _____ **Date:** DD / MM / YY

Instruction to your bank or building society to pay by Direct Debit

To: The Manager	Bank/building society	Service User Number: 277937	
Address			
Postcode			
Name(s) of account holder(s)		Reference	
_____		_____	
Branch Sort Code		Instruction to your bank or building society: Please pay CTT Charity Payments Ltd Direct Debits, from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CTT Charity Payments Ltd and, if so, details will be passed electronically to my Bank/Building Society.	
□□ - □□ - □□		Signature(s)	
Bank/building society account number			
□□□□□□□□		_____	
		Date: DD / MM / YY	

Banks and building societies may not accept Direct Debit instructions for some types of account