

Name a seat donation form

Naming a seat is a personal way for you to support our campaign. You are helping us to ensure that all visitors to the Performing Arts Centre can enjoy sitting in a smart, comfortable seat. Seating will be tiered and retractable and the plaque will appear on the rear of the seat. Seats in the back row will have the plaque under the seat. Each seat is a minimum donation of £250 and can be paid in one lump sum or £25 every month for 10 months (if paying online/BACS or standing order). If you are interested in naming more than one seat, please contact the campaign team. We only have 292 seats available so please hurry! Thank you.

one seat, please cor	itact the campa	ign tea	m. We	only ha	ve 29	2 seats	s avail	able so	pleas	se hui	ry! Tha	nk you						
You can personalise y	our plaque with	an inscri	ption o	of up to	60 ch	aracters	. Pleas	e use ca	pitals	i .								
_	_						'	'										
Payment meth	od																	
☐ I enclose a cheque i	made payable to	Chipping	g Camp	den Sch	ool fo	r the an	nount o	of £		_ (ple	ease put	Perforn	ning Art	ts Cent	re on re	everse)		
☐ I wish to pay by Star					-													
☐ I wish to pay by BAC	CS and will contac	t my bar	nk direc	tly (plea	se see	e Schoo	l bank	details b	elow)									
BENEFICIARY: Chippin	g Campden Scho	ol. Acco	unt Nur	mber: 40	61706	60. Sort	Code:	30-98-26	5. Refe	rence	: Name a	and PAC	(e.g. J.	Smith	PAC)			
Terms and conditions Please note that your r will be able to use this	name plaque will				he du	ration o	f the se	eat's lifet	ime. N	Namin	g a seat	does no	ot guara	intee y	ou			
Contact detail. Please complete the forif you are a UK taxpayer	orm in capital lette	ers. We d	lo not n	ieed you	r ban	k details	s if you	are payi	ing by	cheq	ue, but լ	olease fi	ill in the	Gift Ai	d sectio	on		
Title	Forename(s) Surname																	
Address																		
Postcode	Telephone i	Telephone number Email address																
☐ Please tick if you wi	sh to remain ano	nymous.	If not t	icked, na	mes i	may be	listed b	oth in p	ublica	ations	and onl	ine.						
Bank details Standing Order Form -	Name and full po	ostal add	ress of	your Bar	nk/Bui	ilding So	ociety											
To The Manager					Ban	ık/Buildi	ing Soc	iety										
Address	Postcode																	
Name(s) of Account Ho	olders(s)																	
Bank/Building Societ	y account numl	per									Ві	anch S	ort Cod	de				
Amount £	Duration (plea	se tick/c	omple	te appr	opria	te boxe	es [□Month	nly fo	r	mont	hs star	ting D		М		Y	
Gift Aid Boost your donation be from the tax you pay f donation(s) you must	or the current tax	year. Yo													ol	gift	aio	(it
☐ I would like to Gift	Aid my donation	of £		and any	/ dona	ations I i	make ii	n the fut	ure to	Chip	oing Car	mpden :	School.					
Please notify Chipping your income and/or ca the additional tax relie	apital gains to Gif	t Aid you	ır dona	tions. Ple	ease n	ote tha	t if you	pay Inco	ome T	ax at t	he high	er or ad	ditional	rate a	nd wou	ld like to	o rec	eive
☐ The information you had community activities. By Please note that we do not	providing this inforr	nation, yo	ou are gi	ving your	conse	nt for us	to do so	. If you do	o not v	vish to	receive th	nis comm	nunicatio	n, pleas	e tick th	is box.	S	
Signature							Date											