

Donation Form					
Details of the accoun	t where payments will come from	n			
Bank Name				1	
Dank Name					
Bank Address]	
Post code					
rost code		_			
Account Name		Account Number			
		Sort code			
Data'lla af tha annsa					
Details of the accoun	t where the payments will be sen	it to			
Account name		Name of Bank	Nat West		
The Willink School Charitable Trust]			
		Branch	Reading (Market	t Place)	
Reference					
(pupil or parent's name)		Account Number	9 9 0	2 7 2 2	4
(pupil of parent's flame)		Sort code	6 0 1	7 2 1	
		3011 6046		, , , , ,	
Payment details					
Amount (in figures)		Frequency:			
£		Choose one option by marking an X in one box Payment date			
Date of first]		rayiment date	
payment		Once			
Either	Day Month Year	_		Day Month	Year
Date of final					
payment					
Or		Monthly		Day of the month	
Number of payments Or					
	ments until cancelled by me/us ir	n writing	(mark bo	x with X)	
continue making pay			(mark bo		
Signature(s)					
Signature 1			Date		
Cignoture 2				Day Month	Year
Signature 2					
Your contact details i	in the event of a query:				
Phone no			Email address:		

Please also complete a GiftAid form if you are a tax payer. This adds 25p to every £1 you donate. Thank you.