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| **SCHOOL HALL EXTENSION – BUY A BRICK**  **To buy a brick or donate please complete, print and return this form to Cardinal Newman office or complete and email:** [*tokelly@cardinalnewmanschool.co.uk*](mailto:tokelly@cardinalnewmanschool.co.uk)  **Name** ………………………………………………………………………………...  **Address**………………………………………………………………………………  ……………………………………………………..…………………………………..  **Postcode**...…………………………………………………………………………...  **Email**………………………………………………………………….……………….  **Tel No**……………………………………………………….…………………..…….    I wish to donate £..………  I wish to purchase …………brick(s) at £50 per brick. Total £……….  and Please print name (Upper and Lower case) to be inscribed on your brick: |
| Brick 1: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Brick 2: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Brick 3: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Brick 4: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Brick 5: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **PAYMENT METHOD**  **Remember to tick the Gift Aid Declaration box if you qualify**.  Payment, please tick appropriate  **By Cash**: Please make the payment via the School Office and a receipt will be provided    **By cheque**: Please make cheque payable to Cardinal Newman School Governors Fund  **By Text**: Text Cardinal £*amount*  to **70085**  **Direct Bank Transfer**:  **Please contact Tina:** [***tokelly@cardinalnewmanschool.co.uk***](mailto:tokelly@cardinalnewmanschool.co.uk)  **Ensure you complete the above form return this to Cardinal Newman School Office or email it to Tina O’Kelly** [*tokelly@cardinalnewmanschool.co.uk*](mailto:tokelly@cardinalnewmanschool.co.uk)**and we will link your online payment to this form.**  **THANK YOU FOR YOUR SUPPORT**  **Gift Aid Declaration:**  **Please treat any and all donations that I make to Cardinal Newman Catholic Primary School (a member of the Xavier Catholic Education Trust) on or after the date of this declaration (unless and until I inform you otherwise) as Gift Aid and reclaim tax on them** **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.**  **(Please tick if applicable)**  **Please remember to notify the school if you no longer pay an amount of income tax or capital gains**  **tax equal to the tax we reclaim on your donations.**  **Signed: ......................................................... Date: ....................................................................** |