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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***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.

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| Brick 2: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.

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| Brick 3: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.

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| Brick 4: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.

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| Brick 5: Important: Up to 16 characters per line, including spaces. Maximum 2 lines.

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| **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*****Ensure you complete the above form return this to Cardinal Newman School Office or email it to Tina O’Kelly** *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: ....................................................................** |