

TRINITY COLLEGE DONATION FORM

Return To: Trinity College, Trinity Street, Cambridge, CB2 1TQ, UK Trinity is registered with the Fundraising Regulator and our charity number is 1137604 Title: Full Name: Matriculation Year: Residential address: Postcode: Phone: **Please send me information on how to:** \square Make a gift of shares \square Send a Bank Transfer \square Make a US 501(c)(3) donation. giftaid it Gift Aid Declaration: boost your donation by 25p of Gift Aid for every £1 you donate. In order to Gift Aid your donation you must include your address details above, tick the box below and sign ☐ I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past 4 years to Trinity College, Cambridge. 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. Date: Please notify the charity if you: 1. Want to cancel this declaration. 2. Change your name or home address. 3. No longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code. **Payment Information** I would like to make a donation of ε _____ \square Single \square Monthly \square Quarterly \square Annually (please tick) Via: ☐ Credit Card (single gifts only) ☐ Direct Debit ☐ Cheque/CAF Voucher (Please enclose) Please direct my donation towards: □ Area of greatest need □ Student Support □ Access and Outreach □ Other_____ Please tick if you wish your gift to remain anonymous (your name will not be included in the Donor Roll): \Box **CREDIT CARD PAYMENT** Card type (MasterCard/Visa etc): _____ Card no: ____ Valid From: ____/__ Expiry ____/__ Issue no: ____ (Maestro only) Security Number: _____ (3 digits on back of card) ______ Signature: ______ Date: _____ DIRECT DEBIT PAYMENT Name(s) of Account Holder(s)____ Bank/Building Society Account Number: Branch Sort Code: Please start my donation on: 01/ _ _ / _ _ _ Signature(s): ___

The Direct Debit Guarantee. This guarantee should be detached and retained by the Payer • This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits • If there are any changes to the amount, date or frequency of your Direct Debit, Trinity College will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request CTT Charity Payments to collect a payment, confirmation of the amount and date will be given to you at the time of the request. • If an error is made in the payment of your Direct Debit, by CTT Charity Payments or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when CTT Charity Payments asks you to. • You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Service User Number: 277937 | Instruction to your Bank or Building Society Please pay CTT Charity Payments Direct Debits, from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. (CTT Charity Payments process Direct Debits on behalf of Trinity College). I understand that this instruction may remain with CTT Charity Payments and if so, details will be passed electronically to my Bank/Building Society. Banks

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