

Chair of Trustees:
Ian Pilsworth LLB
Campaign Development Manager:
Mrs Niki Aresti
Tel: 020 8887 8105
Fax: 020 8807 8110



The Latymer School
Haselbury Road
Edmonton
London N9 9TN
campaign@latymer.co.uk

THE LATYMER FOUNDATION AT EDMONTON

Registered Charity No 325078

COVENANT - 1 YEAR

PLEASE USE BLOCK CAPITALS

Full Name I,

Address of.....

..... **Postcode**

HEREBY PLEDGE TO THE TRUSTEES OF THE LATYMER FOUNDATION AT EDMONTON FOR THE BENEFIT OF THE LATYMER STANDARDS FUND THAT FOR ONE YEAR (OR DURING MY LIFETIME IF SHORTER) I WILL PAY THE SUM OF

£..... Amount in words: ***ANNUALLY/*MONTHLY**
(delete and initial as appropriate)

from the (date) **day of** (month) **20**..... (year)

THE MOST CONVENIENT METHOD OF PAYMENT IS BY BANKER'S ORDER - PLEASE COMPLETE FORM ATTACHED.

If you are a UK tax payer and would like The Latymer Foundation to reclaim tax on your donations, please also complete and return the enclosed Gift Aid Declaration.

Please send completed Covenant, Banker's Order Form and Gift Aid Declaration to:

The Campaign Office
The Latymer School
Haselbury Road, Edmonton,
LONDON N9 9TN

PLEASE NOTE THE BANKER'S ORDER FORM SHOULD NOT BE SENT DIRECTLY TO YOUR BANK

BANKER'S ORDER

PLEASE USE BLOCK CAPITALS

Name of Bank To

Address of Bank

..... Postcode

Please pay to

CAF Bank Ltd (40-52-40), 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ, for the credit of THE LATYMER STANDARDS FUND, Account Number 00006418,

the sum of

(amount in words) £.....

***ANNUALLY FOR 1 YEAR (1 PAYMENT IN ALL) OR (*DELETE AND INITIAL AS APPROPRIATE)**

***MONTHLY FOR 1 YEAR (12 PAYMENTS IN ALL)**

Date first payment to be made: day of20.....(year)

from my account number sort code-.....-

Full Name

Address

..... Postcode

Signature

Date of Signature20.....