PLEASE JOIN THE FRIENDS TODAY

For us to process your membership, please complete your details below.

Title:	First name*:		Surname*:	
Yes, I would like to receive information about upcoming concerts, events, news, activities, appeals and opportunities to help Services For Education. Please indicate the channels you would like us to contact you by (you are free to change your mind at any time):				
Post Add	'ess*:	☐ Email:		
Postcode	*.		Γext:	
To make a single payment:				
I wish to do	onate: 🗆 £5 🗆 £30	□ £100	other: £	
☐ I have made a donation online at https://cafdonate.cafonline.org/8307				
☐ I enclose a cheque/CAF voucher made payable to S4E Limited				
☐ I have made a donation via bank transfer using the following details:				
Sort code: 30-64-10 Account number: 33975960 Reference:				
☐ I wish to make a donation using the following card:				
☐ Visa ☐ MasterCard ☐ Maestro ☐ CAF Card				
Cardholders' name:				
Card number:				
3 digit security code (see reverse of card):				
Start date: MM Y Y End date: MM Y Y Issue number:				
Please si	gn*:		Date*:	
Boost your donations by 25p of Gift Aid for every £1 you donate:				
Boost your donations by 25p of Gift Aid for every £1 you donate: *By ticking this box I confirm I want to Gift Aid my donation to S4E Limited (charity number 1148848). 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. I understand that I have to notify Services For Education if I:

- Want to cancel this declaration
- Change my name or home address
- No longer pay sufficient tax on your income and/or capital gains

As well as this donation, I wish all my donations in the last 4 years and all future donations from the date of this declaration to be treated as Gift Aid donations until I notify you otherwise.

I wish to pay by Direct Debit:



I would like to make a monthly contribution of:				
☐ £3 ☐ £15 ☐ £25 Other: £				
Every month on the: $\Box 1^{st}$ $\Box 15^{th}$ Please start my contributions on: $\Box D M M Y Y$ (Please select a date at least one month from today)				
S4E Limited - Instructions to your Bank or Building Society to pay by Direct Debit				
To The Manager	Service Number: 6 9 1 2 1 3			
Bank/Building Society:				
Address:	CAF, Kings Hill, West Malling,			
	Kent, ME19 4TA			
Postcode:	Rent, WELLS TIA			
Sort Code: Account Number:				
Instructions to your bank or building society: Please pay Charities Aid Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand this instruction may remain with Charities Aid Foundation.				
Please Sign*:	Date*:			
A copy of the Direct Debit Guarantee will be	e emailed of posted to you.			

Please return this form along with any payments, if relevant, to the address below:

Development Team
Services For Education
Unit 3 Holt Court, Holt Street
Birmingham Science Park Aston
Birmingham
B7 4AX

Registered Charity: 1148848

T: 0121 366 9950

E: development@servicesforeducation.co.uk www.servicesforeducation.co.uk

THANK YOU

Privacy: We will always store your personal information securely. We will use it to communicate with you, only in the ways that you have agreed to. Your data may be used for analysis purposes, to help us to provide the best service possible. We will only share information with suppliers working on our behalf and we'll only share it if required to do so by law. For full details please see our privacy policy at: http://servicesforeducation.co.uk/index.php/privacypolicy

Registered with FUNDRAISING REGULATOR