



Sandringham School The SandPit Theatre



SPONSOR A SEAT

To sponsor a seat please print, complete and return this form to the Box Office at **The SandPit Theatre.**

I wish to purchase seat(s) at £250 per seat.

Please print the name to be inscribed on your seat: (important: Up to 15 characters per line, including spaces. Maximum 3 lines.) (For further inscription boxes for additional plaques, see page 2.)

I am (please circle): Current Parent/Carer / Current Staff Member / Past Student / Past Parent/Carer / Past Staff

I would like my seat name added to the [Sponsor a Seat Virtual Seating Plan](#) on the SandPit Theatre Website (please circle): Yes / No

Payment

I would like to make payment by (please circle): Cash / Cheque / Standing Order / Parentpay

By Cash or Cheque: Please make your cheque payable to **Sandringham School Academy Trust**, complete the details below and on page 3. Return the forms with your cash or cheque to the Finance Office.

Standing order: To pay for your seat by standing order, complete the details below and go to page 4 to complete your bank instruction. Return the forms to the Box Office.

ParentPay - online single payment (note: standing orders not available online): Complete the details below and on page 3, then go to www.parentpay.com

Ensure you send the forms to the Finance Office and we will link your online payment to these forms.

Name: Tel no: Mob:

Address:

..... Post Code:

Email address:.....

Gift Aid Declaration: Please treat any and all donations that I make to Sandringham School on or after the date of this declaration (unless and until I inform you otherwise) as Gift Aid and reclaim tax on them. I will pay an amount of UK Income Tax or Capital Gains Tax at least equal to the tax Sandringham School will reclaim. Tick Box

Signed:

Dated:



Sandringham School

The SandPit Theatre



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Name:

Further inscription boxes

Name to be inscribed on Plaque 2:

Name to be inscribed on Plaque 3:

Name to be inscribed on Plaque 4:

Name to be inscribed on Plaque 5:

Name to be inscribed on Plaque 6:

Important: Up to 30 characters per line, including spaces. Maximum 3 lines.



SANDRINGHAM SCHOOL SPONSOR A SEAT APPEAL



Single Payment Donation

Cash / Cheque / Parentpay donations to Sandringham School Sponsor a Seat Appeal

Please complete and return this form to:

The Finance Office
Sandringham School
The Ridgeway
St Albans
AL4 9NX

I wish to make a single payment donation to Sandringham School as described below:

Cash	Amount:
Cheque	Amount: (made payable to Sandringham School Academy Trust)
Parentpay	Amount: (go to www.parentpay.com)

***** Please complete the details below and the gift aid declaration at the bottom of the page *****

SurnameMr/Mrs/Miss/Ms/Other..... (specify)

Forename(s)

Address

..... Post Code

Telephone No. Mobile

E-mail Address

Signed: **Date:**.....

Gift Aid Declaration: Please treat any and all donations that I make to Sandringham School Academy 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 will pay an amount of UK Income Tax or Capital Gains Tax at least equal to the tax Sandringham School will reclaim. (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.

I am (please circle): Current Parent/Carer / Current Staff Member / Past Student / Past Parent/Carer / Past Staff

THANK YOU VERY MUCH FOR YOUR SUPPORT



SANDRINGHAM SCHOOL SPONSOR A SEAT APPEAL

**Standing Order for donations to Sandringham School
Sponsor a Seat Appeal**



Please enter your bank address keeping within the box

To: The Manager Post Code:

Branch Sort Code **Account Number**

Account Name

Surname Mr/Mrs/Miss/Ms/Other..... (specify)

Forename(s)

Address

..... Post Code

Telephone No. Mobile

E-mail Address

Please pay to Lloyds TSB (Sort Code 30-94-30)
for the credit of Sandringham School Academy Trust (Account Number No. 25955460)

the sum of £..... (amount in words))

and debit my/our account on: 1st day of each month

OR 1st day ofquarterly

OR 1st day ofannually

(please tick and complete as applicable)

The first payment to be made on or as soon as possible thereafter

The last payment to be made on (not to exceed 1st September, 2018)

Signed: **Date:**.....

Gift Aid Declaration: Please treat any and all donations that I make to Sandringham School Academy 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 will pay an amount of UK Income Tax or Capital Gains Tax at least equal to the tax Sandringham School will reclaim. (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.

I am (please circle): Current Parent/Carer / Current Staff Member / Past Student / Past Parent/Carer / Past Staff

Please return to: The Finance Office, Sandringham School, The Ridgeway, St Albans, Hertfordshire, AL4 9NX.

This form will be sent to your bank and we keep a copy for our records.

THANK YOU VERY MUCH FOR YOUR SUPPORT