



YES!

I want to help build a Medical School for Lincolnshire

My information

Title: Full name:

Address:

Postcode: Telephone:

Email:

Please keep me updated about Lincoln Medical School events and developments.

After completing your payment details overleaf please detach this form and return to: **University of Lincoln, Development Office, FREEPOST NEA936, Brayford Pool, Lincoln, LN6 7TS.** You can also donate via the university website www.lincoln.ac.uk/medschool or over the phone on our secure payment finance line **+44 (0)1522 803120.**

Single Gift

I enclose a cheque for £ payable to *The University of Lincoln*

I wish to give by card (select card type below)

Mastercard Visa Delta Maestro

I authorise you to debit my account with the amount: £

Cardholder's name:

Card number: Issue no:

Start date: Expiry date: Card security no. (last 3 digits):

Signed: Date:

Please quote MEDICAL SCHOOL as the reference. The University will not store any card details following this transaction. This form should be sent to: University of Lincoln, Development Office, FREEPOST NEA936, Brayford Pool, Lincoln, LN6 7TS.

Regular Gift

To the Manager of (Bank/Building Society name):

Bank/Building Society address:

Postcode:

Account number: Sort code:

Please pay Lloyds Bank, Lincoln Branch, sort code 30-95-05 for the credit of the University of Lincoln account number 02770962 the sum of £, commencing /..... /..... paid **monthly/quarterly/annually** (delete as necessary) **for a period of** **years** or **until further notice** (delete as necessary). Please debit my account accordingly and quote MEDICAL SCHOOL as the reference.

Signed: Date:

I want to include my name/someone else's name in the DNA artwork (for gifts of £10 a month for 1 year or £120)

I want to sponsor a brick (for gifts of £100 a month for 1 year or £1,200)

I want to become a Friend of the Lincoln Medical School (for gifts of £200 a month for 5 years or £12,000)

Name to be displayed (block capitals):

Are you a UK taxpayer? Make your donation go further

I would like to Gift Aid this donation

I would like to Gift Aid all future donations until further notice

Signed: Date:

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts for that tax year (6 April to 5 April). I understand that other taxes such as VAT and Council Tax do not qualify and that the University will reclaim 25p of tax on every £1 that I have given. Please note you may cancel the declaration at any time by notifying this office. Please also notify us if you change your name or address whilst the declaration remains in force or you no longer pay sufficient Income Tax and/or Capital Gains Tax. **The University of Lincoln is an exempt charity, number XR20664.**

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