



School of Dental Sciences Hardship Fund

Please complete the relevant sections of the form and return it to the Development and Alumni Relations Office, Newcastle University, 6 Kensington Terrace, Newcastle upon Tyne NE1 7RU in the FREEPOST envelope enclosed. **Thank you for your support.**

Charity Commission no: x61406

Personal Details

Name

Address

E-mail

Please indicate if this is a joint gift
Joint Gift with

giftaid it

Please reclaim the tax on this gift and any further gift I may make to the University of Newcastle upon Tyne

Signature

Date

(I am a UK taxpayer and have paid tax on this gift)

For gifts by telephone only:

Verbal declaration made on (date)

Standing Order

Please pay £ _____ per _____ Month _____ Quarter _____ Year to the
Newcastle University Annual Fund (Barclays Bank, Percy Street, Newcastle upon Tyne
NE1 4QL, account no 80512516, sort-code: 20-59-42)

Commencing on (date) _____ for a period of _____
years / until further notice (delete as appropriate)

Name of Bank/Building Society

Address of Bank/Building Society

Account number

Sort code

Name of account holder

Signature

Date

Our Ref: _____

Single Gift

I would like to make a single gift of £ _____

I enclose a Cheque / CAF Voucher (payable to 'University of Newcastle')

I would like to donate by Visa _____ Mastercard _____ Switch _____ Charity Card _____

Card number

Expiry date

Start date
(Switch only),

Issue Number
(Switch only)

Security
Code

Name of Cardholder