Yes I would	l like to show my support by s	sponsoring a seat in the De La Salle Theatre	
Title	Forename	Surname	
Address			
	Postcode	Phone	
Email		I would like to be kept informed of St Peter's news by email yes	no
Preferred seat	number/ No se	eat preference Wording required on plaque (maximum 30 character	rs)
I wish to make	a donation of £100*	Other £ *suggested minimum donation	
By cheque	I enclose a cheque made pay	yable to St Peter's School	
_ ,		to Lloyds Bank <b>Sort Code</b> 30-92-02 <b>Account Number</b> 02464206 pment Fund <b>Reference</b> SEAT <i>plus your surname or initials</i>	
By cash Ca	sh payments can be paid dire	ectly to the school office at either Southbourne or Iford	
Please comple	te if you are a UK Tax payer –	- it won't cost you a penny more	
giftaid it	every £1 donated. I am a U	Aid this donation to St Peter's School by 25p of Gift Aid for K taxpayer and understand that if I pay less Income Tax and/current tax year than the amount of Gift Aid claimed on all my bility to pay any difference.	,
	Signature	Date	
you pay Income Tax at		ur name or home address; no longer pay sufficient tax on your income and/or capital gains. If sceive the additional tax relief due to you, you must include all your Gift Aid donations on you just your tax code.	

Thank you for sponsoring a seat today and playing your part in the ongoing refurbishment

Please return completed forms to Marketing, St Peter's School, St Catherine's Road, Bournemouth BH6 4AH

Office use Pa PI C W