Gonville & Caius College

PLEASE RETURN TO THE DIRECTOR OF DEVELOPMENT, GONVILLE & CAIUS COLLEGE, CAMBRIDGE CB2 1TA

I wish to give to The Stephen Hawking Lectureship Fund

Personal Details

Title and Full Name

Address

Postcode **Email**

Mobile **Home Telephone** **Work Telephone**

The College can reclaim the basic rate UK tax paid on your gift at no extra cost to you
I am / I am not a UK taxpayer (*please delete as appropriate*)

The College welcomes gifts made via Matching Gift Programmes or Give As You Earn schemes

Regular Gift

Please pay from my account £ **monthly / quarterly / annually** (*please delete as appropriate*)

until further notice (or for **four / seven / ten** years) starting on the 10th day of (*please specify month*)

Instruction to your Bank or Building Society to pay by Direct Debit

Please return to The Director of Development, Gonville & Caius College, Cambridge CB2 1TA

DIRECT Debit

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society Account Number

Name & Full Postal Address of your Bank or Building Society

Originator's Identification Number

4 2 2 6 8 2

G&CC Reference No

Instruction to your Bank or Building Society
Please pay Gonville & Caius College Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Gonville & Caius College and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Single Gift

☐ **CHEQUE** (*please make cheques payable to Gonville & Caius College Development Fund*) I attach my cheque for £

☐ **TRANSFER OF SHARES** approximate value £

☐ **CREDIT OR DEBIT CARD DONATION** (*donations by card can also be made over the telephone on 01223 339676 or via our website*)

The College can accept donations in Sterling from all credit and debit cards

I would like to make a gift of £ by (*please specify type of card*)

Card Number **Security Code**
(*last 3 digits on back of card*)

Expiry Date / **Start Date** / **Issue Number** (*if available*)

Name (*as it appears on card*) Signed Date

Legacy

☐ **I INTEND TO MAKE** or ☐ **HAVE ALREADY MADE**

A LEGACY OF % of my residuary estate OR £ to Gonville & Caius College

The Development Office, Gonville & Caius College, Cambridge CB2 1TA
Tel 01223 339676 Fax 01223 766702 Email development@cai.cam.ac.uk Web www.cai.cam.ac.uk/alumni

Registered Charity Number 1137536