

YOUR NAME: _____ CHILD'S NAME: _____
EMAIL ADDRESS: _____ MOBILE: _____
HOME ADDRESS: _____

OPTION 1 (please tick one option as appropriate)

I/We would like to make a donation to Colfe's Charitable Trust of the full amount of the remainder of the Retained Deposit held by Colfe's School.

OPTION 2

I/We would like to make a donation to Colfe's Charitable Trust from the remainder of the Retained Deposit held by Colfe's School to the sum of £..... with the remainder being returned back to me/us.

OPTION 3

I/We do not wish to make a donation to Colfe's Charitable Trust from the Retained Deposit held by Colfe's School. Please return the remaining amount back to me/us.

I/We would like my/our donation to be gifted to:

The Leatherseller Scholarship Programme

Headmaster's Discretionary Fund – a flexible unrestricted fund

I/We wish this donation to be

open.

anonymous.

Signed:

Date:

