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| **Gordonstoun American Foundation (GAF) Gift Form** |
| **Your Details** Title: ………………………………………………………..First Name: ……………………………… Surname: …………………………………………………...Address: …………………………………………………………………………………………………...City: …………………………… State: ……………………….. ZIP Code: …………………………...Telephone: ……………………………… Email: ……………………………………………................. |
| **Your Gift**I / We will contribute a total of $ ……………………………… via:🞏 A one-off single payment or 🞏 Regular Payments (i.e. Standing Order)**Method of payment:**🞏 Bankers Draft / International Bank Transfer (single payment) – see US Bank details below🞏 Check (single payment) made payable to **Gordonstoun American Foundation (GAF)**🞏 Standing Order (regular payments i.e. Monthly, Quarterly or Annually) – please also complete the  separate Standing Order Declaration overleaf.I / We would like my / our gift to be used towards:🞏 Scholarships & Bursaries 🞏 Masterplan / Capital Projects 🞏 Where the school needs it most🞏 I am / we are pleased to make a gift to support The Gordonstoun American Foundation, Incorporated which raises and manages funds for the benefit of Gordonstoun Schools Limited.🞏 I wish for my donation to remain anonymous.Signature: ………………………………………………………… Date: ………………………….... |
| **Gordonstoun American Foundation Domestic Incoming Wiring Instructions:** |
| **Bank Name:** Citibank, New York**ABA:** 021000089**Bank Account Name:** Morgan Stanley**Bank Account Number:** 40611172 | **For Further Credit to:****Account Name:** Gordonstoun American Foundation**Account Number:** 480-078613 |
| Prior to you wiring funds, please email Mr Fraser Teasdale at: FTeasdale@navigator.us.com |
| **Tax Information:** The Gordonstoun American Foundation, Inc. is a 501(c)(3) tax-exempt non-profit organization that raises and manages funds for the benefit of The Gordonstoun Schools. Under Internal Revenue Service guidelines, you may be entitled to deduct the full value of your gift(s) since The Gordonstoun American Foundation has not provided goods or services in return (Tax ID #22-2535233). We regret that we cannot accept credit or debit card payments. |

**Gordonstoun American Foundation (GAF)**

**Standing Order Declaration**

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| To the Manager of (insert name of your bank): …………………………………………………Bank Address: ………………………………………………………………………………………………………………………………………………………………………………………….City: ……………………… State: ………………………… ZIP Code: ……………………...**Standing Order:**I/We intend to pay the sum of $ ……………… on (date): DD: …… MM: …… YYYY: ……And thereafter (please tick one):🞏 **Monthly** on the same day of the month 🞏 **Quarterly** on the same day of the month 🞏 **Annually** on the same day of the month For the period of (please tick one):🞏 For ………. years **OR**🞏 Until further noticeAccount Name: …………………………………………………………………………………Account Number: …………………………………… ABA: …………………………………...Name (please print): ……………………………………………………………………………Signature: ………………………………………………………………………………………..Date: ………………………………………………………………………………………….... |
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