

Friends of St Peter's Great Berkhamsted

MEMBERSHIP APPLICATION

CAPITALS PLEASE

| | |
|----------------------------|----------|
| Title: | Initials |
| Surname or Corporate name: | |
| Full address: | |
| | |
| Post code: | |
| email: | |

| Membership Category | Minimum amount |
|---------------------|----------------|
| Individual | £12.00 |
| Family | £20.00 |
| Corporate | £50.00 |

Family members

| | |
|--------|------------|
| Title: | Full name: |
| | |
| Title: | Full name: |
| | |
| Title: | Full name: |
| | |

*Please complete Bankers Order or make bank or CAF cheques payable to Friends of St Peter's and return this form to:
Secretary, Friends of St Peter's, Ballintrae, Shootersway, Berkhamsted, Herts HP4 3NG*

BANKERS ORDER

TO YOUR BANK (CAPITALS PLEASE)

| | |
|---------------|------------|
| Bank name: | |
| Bank Address: | |
| | |
| | |
| Post code: | Sort Code: |

Please pay NatWest Bank plc, Berkhamsted Branch
60-02-21 for the credit of Friends of St Peter's,
Account Number 64109216 the sum of:

| |
|-----------------------------|
| Amount in figures: £ |
| Amount in words: |
| |

Annually beginning on:

Date:

and for each year thereafter or until further notice,
charging my account:

| |
|----------------------------------|
| Authorised Signatory/signatories |
| Account number: |
| Your name: |
| Your address: |
| |
| |
| Post code: |

This order cancels all previous Bankers Orders payable to Friends of St Peter's Great Berkhamsted

GIFT AID DECLARATION To: The Friends of St Peter's Great Berkhamsted

DECLARATION

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration. I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities to which I donate will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I donate.

PLEASE WRITE CLEARLY IN CAPITALS

| |
|-------------------|
| Full Name: |
| |
| Address: |
| |
| |
| Post code: |
| |
| Signature: |
| |
| |
| Date: |
| |