

## Supporter Member Application / Donation



Name		
Address		
Tel		Email:

### Become a Supporter Member of Theatre Chaplaincy UK

Full Member £25 per annum / Concession Member (Students/Seniors) £15 per annum (**delete as appropriate**).

I wish to pay £\_\_\_\_\_ annually by Standing Order and have completed the Standing Order form below / I enclose a cheque (payable to Theatre Chaplaincy UK) for the amount of £\_\_\_\_\_ (**delete as appropriate**)

**and/or**

### Support the work of Theatre Chaplaincy UK

I wish to make a regular donation of £\_\_\_\_\_ by completing the Standing Order form below / I enclose a cheque (payable to Theatre Chaplaincy UK) for £\_\_\_\_\_ as a donation (**delete as appropriate**)

Please select either **post** or **email (Circle as appropriate)** I am consenting to Theatre Chaplaincy UK sending me news about the charity in the future. If I delete both then TCUK can only contact me in the event of membership enquiries.

### Gift Aid *giftaid it*

Gift Aid enables Theatre Chaplaincy UK to boost the value of your membership subscription/donation to us by 25p for every £1 you give at no additional cost to you. However in order to do so we do need you to complete and date a Gift Aid Declaration.

#### Charity Gift Aid Declaration

I want to Gift Aid my membership subscription/donation of £\_\_\_\_\_ and any subscriptions/donations I make in the future or have made in the past 4 years to Theatre Chaplaincy UK (Charity No 207315). I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my subscription/donations in that tax year it is my responsibility to pay any difference.

Title \_\_\_\_\_ Full Name \_\_\_\_\_

First Line of Address \_\_\_\_\_

Postcode \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

### Standing Order in favour of Theatre Chaplaincy UK

To: Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Please pay **NatWest Bank**, Sort Code **60-50-00**, Account Number **17520266**, Account Name **Theatre Chaplaincy UK**

The sum of \_\_\_\_\_ (in words) £\_\_\_\_\_ (in figures) starting on the

1<sup>st</sup> day of the month of \_\_\_\_\_ and thereafter every month/year (**delete as appropriate**) until instructed

otherwise. Please debit my account in the name of \_\_\_\_\_

Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_

Please cancel all previous Standing Orders in favour of the beneficiary named above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return this whole form to Theatre Chaplaincy UK, St Paul's Church, Bedford Street, London. WC2E 9ED**