

DONATION FORM

Please print and complete in block capitals and return to the Museum

■ Gift Aid Declaration

I wish the Museum to treat this, all donations I make from the date of this declaration, and any donations I have made for the six years prior to this year, as Gift Aid donations, until I notify you otherwise.

SIGNATURE DATE

In order for us to reclaim tax, what you pay in Income Tax and/or Capital Gains Tax must at least equal the amount we will reclaim on your donation in the tax year. Please notify us if you change your name or address or if you no longer pay tax on your income.

■ One-Off Donation

I wish to make a donation of £. and enclose a cheque made payable to *The Museum of Richmond*

NAME

ADDRESS

POSTCODE TELEPHONE

■ Regular Donation by Standing Order

YOUR BANK DETAILS

SORT CODEACCOUNT No

BANK NAME

BANK ADDRESS

Please make the annual/quarterly/monthly (delete as appropriate) payments detailed below debiting my/our account shown until further notice.

Please pay to NATIONAL WESTMINSTER, BLOOMSBURY PARRS, 60-30-06 CAF/MUS.RICHMOND 369880043 quoting with each payment the reference 8415-09

the sum of £.

starting on the day of 20.....

YOUR DETAILS

NAME

ADDRESS

POSTCODE TELEPHONE

SIGNATURE DATE