Old Cestrefeldians' Trust

Membership Details

Name		**Date of Birth** DD / MM / YYYY
Address		
Town/City		**Post Code**
Tel		**Email**
Signature		**Date**

☐ **I would like to receive information on leaving a legacy to the Trust** *I understand Inheritance Tax Relief will be available*

Gift Aid Declaration - Making the most of your gift

Old Cestrefeldians' Trust Limited may reclaim basic rate tax on all gifts. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that I donate. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the Trust will reclaim 25p of tax on every £1 that I give.

If you pay tax at the higher rate, then you may claim further tax relief on your self-assessment tax return.

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Please return to:
Tom Roberts
12 Tennyson Avenue
Chesterfield
Derbyshire
S40 4SW

Please treat as Gift Aid all subscriptions/donations I have made: *(Tick all that apply)*

☐ **today**   ☐ **in the past four years**   ☐ **in the future**

Signature		**Date** DD / MM / YYYY

Single Gift - Payment Instructions

I would like to give a single gift of £............................ to Old Cestrefeldians' Trust Limited

☐ **I enclose a cheque payable to Old Cestrefeldians' Trust Limited** *UK cheques only*

Minimum sub. £10 p.a. Standing Order preferred if possible

Regular Gift - Payment Instructions (UK bank account holders only)

Please pay Old Cestrefeldians' Trust Limited	**Account holder name**	
National Westminster Bank, 5 Market Place, Chesterfield, [sort code 60 40 09] for the account of Old Cestrefeldians' Trust Limited [account number 39921573] the sum of:	**Account number**	
	Sort code	
	Bank name	
£ (in numbers) _____	**Bank address** *(inc.postcode)*	
£ (in words)		
_____		
_____		
on the _____ day of _____(month) 20_____	**Signature**	**Date** DD / MM / YYYY
and the same sum on the same day of each month/quarter/year* until further notice. *delete as appropriate*		