

SHROPSHIRE MUSIC TRUST – DONATION FORM

Please complete and POST this form to: Shropshire Music Trust, Freepost SY169, Shrewsbury SY5 6BR

Regular & one-off donations can also be made online direct to CAF Donate (see below) via SMT website **Donate button** (on Support page)

Title _____ First name(s) _____ Surname _____

Address _____

Postcode _____ Email* _____ Tel _____

*by providing your email address you are giving us permission to add it to our mailing list for future contact

I/We would like to support Shropshire Music Trust as a:

FRIEND **Single** from £15 annually **Joint/Family** from £30 annually (or £3 monthly)
(up to 2 adults plus children aged 18 & under)

PATRON **Entry Level** from £75 annually (or from £7 monthly)
 Associate from £200 annually (or from £17 monthly)
 Benefactor from £400 annually (or from £34 monthly)
 Philanthropist for gifts of £1000 or more

with a Donation of £ _____

Direct Debit is our preferred option for regular payments – please see form below

Starting: on 01/ / or 15/ / £ _____ to be paid: monthly annually (please choose)

Other payment methods:

- I / We enclose a cheque payable to **Shropshire Music Trust**
- I / We will instruct our bank to set up a standing order using the **Shropshire Music Trust** account details
- I / We are making a BACS payment to **Shropshire Music Trust** (please use Ref: SMT and add your Name)
Bank: Lloyds, Account Name: Shropshire Music Trust, Account Number: 01737359, Sort Code: 309762.
- I / We will set up an online payment direct with CAF Donate **Shropshire Music Trust**: see website/Support page

Please confirm how you would like your name(s) to be displayed in concert programmes and on our website:

_____ If you would prefer to remain Anonymous, please tick

Gift Aid Declaration

Please Gift Aid this donation and any donations I make in the future or have made in the past four years. 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 donations in that tax year, it is my responsibility to pay any difference. Please notify us if you want to cancel this declaration, change your name or home address or if you no longer pay sufficient tax on your income and/or capital gains.

Signed/Name _____ Date _____

Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society:

Address:

Postcode: _____

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Banks and Building Societies may not accept Direct Debit instructions from some types of account



Service User Number

6	9	1	2	1	3
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CAF, Kings Hill, West Malling, Kent ME19 4TA

Instruction to your Bank or Building Society

Please pay Charities Aid Foundation Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Charities Aid Foundation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date (DD/MM/YYYY) _____