



ORFORD MUSEUM

Friends of Orford Museum MEMBERSHIP RENEWAL/APPLICATION FORM

Name(s)

Address

..... Post Code

Tel. No Mobile No

email address

I confirm that I am happy for the Museum to contact me by email

Type of Membership (minimum donation, Single £15 Joint £20) Please circle: Single Joint

I enclose Cheque payable to Orford Museum/ I have made a transfer to the Museum's account for £ for the period ending 31st March 2024. (Bank details for transfer below; please quote surname as reference).

I attach a Standing Order Mandate for future years. (optional but it will reduce postage).

GIFT AID DECLARATION

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the Museum from tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Title Full Name

Home Address Post Code

I would like to Gift Aid my donation of £..... and any donations I make in the future or have made in the past 4 years to the Orford Museum (registered charity no 1183699). 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.

Signature Date

Please notify the Museum if you want to cancel this declaration, if you change your home address or if you no longer pay sufficient tax on your income and/or capital gains

STANDING ORDER

To Bank Sort Code

Bank address Post Code.....

Account Name Number

Please pay **SANTANDER BANK plc**, Woodbridge, Sort Code **09-01-55** Account No **64148709** for the credit of **ORFORD MUSEUM CIO** the sum of £..... (amount in words) ANNUALLY every 1st APRIL commencing 1st April 2024, until you receive further notice from me/us in writing, and debit my/our account accordingly.

Signature(s) Date

Please quote reference (Museum use only)

**Please post to: John Grayburn, Friends of Orford Museum,
The Saltings, Broad Street Orford, Woodbridge IP12 2NQ**