

Become a Friend of the Derby & Sandiacre Canal

Friend Membership Application

- Change of contact details New Gift Aid Declaration



Completed forms to be sent to: Mr Roger Ashmead, 172 Sancroft Road, Spondon, Derby DE21 7LD

Friend Membership: Minimum payment is £2 per month, any larger amount may be stated.

£

Title:	Forename:	Surname:	Address:
Friend:			
Telephone no(s):			
Email address:			
			Post code:

<i>giftaid it</i>	<p>Thanks to the Government's Gift Aid scheme, The Derby and Sandiacre Canal Trust can reclaim 25p on each £1 donation including qualifying membership payments increasing their value by a quarter at no extra cost to you. Please tick one box.</p> <p><input type="checkbox"/> I am a UK taxpayer and would like The Derby and Sandiacre Canal Trust to treat all donations I have made in the last four years and all donations I make in the future as Gift Aid donations. Today's date: ___ / ___ / ___</p> <p>I understand that if I pay less Income Tax&/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in the tax year that it is my responsibility to pay any difference.</p> <p>If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.</p> <p>Signature: _____</p>	<input type="checkbox"/> I am not a UK taxpayer.
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Do you have any skills that may be of benefit to the Trust?

Friend membership is paid by Standing Order by completing the form below. This will mean that your membership is automatically renewed each month and keeps the Trust's cost down.

STANDING ORDER MANDATE	Payment is on the 28th of each month
To (full postal address of your Bank / Building Society)	
The Manager _____ Bank / Building Society	
Branch Address _____	
Please pay to the order of THE DERBY & SANDIACRE CANAL TRUST LTD at Barclays Bank PLC, 1 Derby Road, Long Eaton, Nottingham, NG10 1LY. Sort Code 20-63-25. Account Number 30467766	
The sum of £ _____ Amount in words _____	
Immediately on receipt of this form and on the 28 th of every following month.	
Account Name: _____ Sort Code _____ Account number _____	
Signature _____ Date ___/___/_____	
Reference: (to be completed by the Trust) _____	