



FRIENDS' MEMBERSHIP APPLICATION

Name(s)	Title	First Name	Surname
	Title	First Name	Surname
Address			
Postcode		Country	
Email			
Phone			

PLEASE PRINT IN BLOCK CAPITALS

Individual Membership £20.00 p.a.

Membership: £ _____

Joint Membership £30.00 p.a.

I would like to add a donation of: £ _____

Junior Membership (12 to 17 years) £7.00 p.a.

TOTAL: £ _____

Please debit my Credit Card
 Cash
 I enclose a cheque payable to The Rose Theatre Trust
 Please tick as appropriate

Credit/ Debit Card No																			
Valid from					Expires						Security Code				(last 3 digits on reverse of card)				

We do not accept American Express

**Gift Aid declaration – for past, present & future donations
Rose Theatre Trust**

Please treat as Gift Aid donations all qualifying gifts of money made

today in the past 4 years in the future.

Please tick all the boxes you wish to apply.

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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 all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after today.

Date ____/____/____ Signature _____

Please notify Rose Theatre Trust if you:
 Want to cancel this declaration
 Change your name or home address
 No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please send this form to our postal address:
Friends' Membership, Rose Theatre Trust, 56 Park Street, London SE1 9AR