



FRIENDS' MEMBERSHIP APPLICATION

I agree to be contacted by The Rose Playhouse by: post & email post only
(Data Protection Policy on Website)

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

PLEASE PRINT IN BLOCK CAPITALS

Please send me information on: The Project and/or The Theatre

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: £ _____**

CREDIT CARD PAYMENT

Please debit my Credit Card Cash I enclose a cheque payable to 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

CHARITY GIFT AID DECLARATION

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my above donation and any donations I make in the future or have made in the past 4 years to **Rose Theatre Trust**

Name (only needed if different from the top name above):

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

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 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:
Rose Friends' Membership, Rose Theatre Trust, 56 Park Street, London SE1 9AR