

(Registered Charity No. 1072267)

I / we wish to become friend/s of the Rotherfield Millennium Green

**Name/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ (just in case of queries on this Form)

**Email:** \_\_\_\_\_ (Please provide this, it is useful for future communication)

I enclose a cheque for the sum of £\_\_\_\_\_ payable to the Rotherfield Millennium Green Trust **OR** I wish to pay by Standing Order, in which case please complete the following Mandate: (We suggest a minimum subscription of £12, but all amounts welcome no matter how large!)

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**Standing Order Mandate**

**Name of Bank** \_\_\_\_\_ Bank PLC / Building Society

**Bank Address** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Account No:** \_\_\_\_\_ **Sort Code** \_\_\_\_\_

**Account in the name(s) of:** \_\_\_\_\_

Please pay £\_\_\_\_\_ on the (day) \_\_\_\_\_ of (month) \_\_\_\_\_ and on the same day each year thereafter until further notice, to the following:

**Rotherfield Millennium Green Trust, Barclays Bank, Sort Code 20-88-13, Account No. 20206245**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Please complete the following GIFTAID Declaration, if you are eligible, as this will entitle the Trust to claim tax on your gift at no additional cost to yourself. Please return both documents to: Norma Timmermans, Hon Membership Secretary, Springfield, Spout Hill, Rotherfield TN6 3QX**

**GIFT AID DECLARATION** – for present and future donations

Please treat as Gift Aid donations all qualifying gifts of money made by me during the present year, and in the future.

I confirm I have paid or will pay an amount of Income Tax and / or Capital Gains Tax for each tax year (6<sup>th</sup> April to 5<sup>th</sup> April) that is at least equal to the amount of tax that the Rotherfield Millennium Green Trust will reclaim on my gifts for that tax year. I understand that charity will reclaim 25p of tax on every £1 that I give them.

**Donor's details:**

Title \_\_\_\_\_ First Name or initial \_\_\_\_\_ Surname \_\_\_\_\_

Full home address \_\_\_\_\_

Post Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Please notify the charity if you:**

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income or capital gains