

Friends of St. Ninian's Membership Form

Scottish Charity No. SC40794 Scottish Company SC357794

www.deernessorkney.co.uk E-mail: info@deernessorkney.co.uk

£10 per annum per individual.

£15 per annum per couple.

Payment by Standing Order (see below) or direct to Membership Secretary: Mrs D. Brown, Old Schoolhouse, Deerness, Orkney KW17 2QH
Please make cheques payable to *Friends of St Ninian's*.
Please send this part of the form to the Membership Secretary, whether paying by cheque or Standing Order.

Membership Details

Name:		Name:	***************************************
\ddress:		Address:	
	Post Code:		Post Code:
E-mail Address:		E-mail Ad	ldress:
	Individual membership £10	t membership £15 (pl	ease supply details for both applicants). \square
	Gift A	id your member	ship
giftaid	Boost your donation by 25 pence of Gift Gift Aid is reclaimed by the charity from Your address is needed to identify you In order to Gift Aid your donation you make the charity of the ch	n the tax you pay for to as a current UK taxpa	ne current tax year. ayer.
I want to Gift	Aid my donation of £ and donations I r	make in the future of I	nave made in the past 4 years to The Friends of St Ninians.
	r and understand that if I pay less Income Tax s my responsibility to pay any difference.	x and /or Captial Gair	s Tax than the amount of Gift Aid claimed on all my donation
lease notify Frien a) want to cancel	ds of St Ninians if you: this declaration. (b) change your name or hon	ne address. (c) no lo	nger pay sufficient tax on your income and/or capital gains.
	ax at the higher or additional rate and want to resement tax return or ask HM Revenue and Cus		ax relief due to you, you must include all your Gift Aid donation
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to the Manager: at (Address) account Holder: Name: Address:	Please pay The Friends of St. Ninian's Ltd. This order cancels any previous order made Bank of Scotland, 56 Albert Street, Kirkwall,	Account No. The sum of £out to the Friends of Orkney KW15 1HJ	Date: Date: Date: I now and annually on 1st June until further notice. St. Ninian's Ltd.
o the Manager: at (Address) ccount Holder: Name: Address:	Please pay The Friends of St. Ninian's Ltd. This order cancels any previous order made	Account No.	Date: Date: Date: I now and annually on 1st June until further notice. St. Ninian's Ltd.