

APPLICATION TO BECOME A FRIEND OF PETERSFIELD MUSEUM

Individual Friend - £10.00
Name
Address
Postcode
Telephone Mobile



Family Friend - £18.00
Additional Name
Additional Name

CHEQUE/CASH
I enclose cash / cheque made payable to PETERSFIELD MUSEUM LIMITED
for £10.00 / £18.00

GIFT AID. I want the charity to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid Donations. Please note that you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that Petersfield Museum claims on your donations in the appropriate tax year

Signature Date

BANKERS' ORDER FORM

To the Manager Bank
Branch Address

Please pay to - HSBC plc, Market Square, Petersfield, GU32 3HQ (Sort Code 40-36-16)
for the credit of Petersfield Museum Limited (A/C No 61428837)

The sum of £..... (in words) NOW or on
and on the same date in every year until further notice. Please debit my account:-

A/C No Sort Code accordingly
NAME (FULL NAME IN CAPITALS)
Signed Date

Please return this form to the Friends and Members Administrator. the Old Courthouse, St Peter's Road, Petersfield, GU32 3HX