

WELLS CATHEDRAL ORATORIO SOCIETY (Registered charity no. 800481)
FRIEND'S SUBSCRIPTION

I enclose my **Annual** payment of Friend's Subscription of **£24** for the season. *Please tick*
OR - I have filled in the Bankers order below. *Please tick*

(The society's season starts on 1st September each year and runs to the end of March)

First Name: Last Name:.....
Address:
Postcode.....Telephone
email:

I declare that: **I am a UK Tax Payer** **I am not a UK tax payer** (please tick correct box)

I wish the above Charity to treat all donations which I shall make from the date of this declaration, until I notify you otherwise, as Gift Aid donations. I undertake to notify you at once if I change my address or my surname. (for notes on Gift Aid, please see below)

Signed: Date:

Please return this form, together with a cheque made payable to "WCOS", for £24 to:
Frances Rowe, The Old Bakery, Long Street, Croscombe, Wells, Somerset, BA5 3QQ

- *Please be sure to notify the Charity if you change your name or address while this Declaration is in force.*
- *You can cancel this declaration at any time by notifying the Charity in writing. Your Declaration will then not apply to donations you make on or after the date of your cancellation or such later date as you specify*
- *The amount of tax you pay in a year must be at least equal to the tax we reclaim on your donation (currently 25p in every £1 you give: so for example on £10 we can reclaim £2.50.*
- *If your circumstances change and you pay less tax in a year then the amount the charity reclaims, you should cancel your Declaration.*
- *If you pay tax at the higher rate, you can claim the additional tax relief in your annual tax return.*

BANKER'S ORDER

To:(Name of Bank)
Branch:
Please pay from my/our account: Name:
Sort Code: Account No.
The sum of **£24** (.....) *amount in words*

On receipt of this notice to: **WELLS CATHEDRAL ORATORIO SOCIETY**
Account number **07048219** Sort Code **30 99 29**

Lloyds Bank plc, 24 High Street, Wells BA5 2SJ

And make a similar payment annually on September 1st until this Order is cancelled in writing.

Signed: Address:
Date:

Please return this form initially to:

Frances Rowe, The Old Bakery, Long Street, Croscombe, Wells, Somerset, BA5 3QQ