

CALNE MUSIC & ARTS FESTIVAL

The Presidency: Peter and Marigold Treloar

Calne Music and Arts Festival Society is a registered charity No. 276875

PATRONS SUBSCRIPTION FORM

PART ONE: SUBSCRIPTION FORM

Please send PART ONE to the Festival Patrons' Secretary

Name (or names if joint) _____

Address _____

Post Code _____ Telephone Number _____

(Optional) Profession _____ Email address _____

I/we would be willing to help: **Front-of-house / Brochure Distribution / Publicity / Arranging Hall / Administration**

Subscription rates are a minimum of £10 per person per annum [£5 for students & senior citizens]. However, many patrons voluntarily set an amount well in excess of these rates and we would greatly value any additional amount you would be prepared to offer. Cheques are acceptable, of course, but Standing Orders help us even more.

Please delete as appropriate**:

1. **I/we enclose cash / a cheque for £.....dated.....in favour of **Calne Music & Arts Festival Society**
2. **I/we have set up a Standing Order for the amount of £.....
in favour of Calne Music & Arts Festival Society effective from ____/____/____
Lloyds TSB High Street [DATE SELECTED MUST BE
CALNE SN11 0BN NO LATER IN THE YEAR THAN JULY 31ST]
Sort Code 30 91 99
Account No 01689996
3. **I am/am not a tax-payer. ****I have completed the Gift Aid Form overleaf. [PLEASE SEE OVER]**

Signature _____ Date _____

Please return to:

Anne Davey / Festival Patrons' Secretary / 7 Oldbury Fields, Cherhill, CALNE SN11 8HP

Please cut along this line ✂-----

PART TWO : STANDING ORDER FORM

Please send PART TWO direct to your Bank

To the Manager,Bank Date

[Address]

.....[Postcode]

My/our account number isin the name[s] of.....

Please pay:

CALNE MUSIC AND ARTS FESTIVAL SOCIETY, at Lloyds TSB, CALNE, SN11 0BN,
Sort Code Number 30 91 99, Account No 1689996

the sum of £..... on /(Day)-----/(Month)-----/(Year)-----/ and annually thereafter.

[DATE SELECTED MUST BE NO LATER IN THE YEAR THAN JULY 31ST]

This instruction replaces any previous standing order in favour of Calne Music and Arts Festival Society.

[Name(s)][Signature(s)] :

[Address] /

[Postcode]

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PART THREE: GIFT AID DECLARATION

Tax Payers please support us by completing this section

For completion by Donor

I CERTIFY THAT I,

Title

Initial

Surname

Residing at

Post Code

Donate the sum of

monthly/quarterly/annually [please delete] to:

Calne Music & Arts Festival Society.

I pay an amount of income tax or capital gains tax equal to the tax reclaimed on my donation.

I wish this donation to be treated as a **Gift Aid** donation on which I wish **Calne Music & Arts Festival Society** to reclaim tax.

Signature

Date