



FRIEND'S SUBSCRIPTION FORM

PART ONE: SUBSCRIPTION FORM

Please send **PART ONE** to the Festival Secretary

Name (or names if joint)

Address

Post Code Telephone Number

(Optional) Profession Email address.....

I/we would be willing to help in the following capacity:**Front-of-house / Brochure Distribution / Publicity / Arranging Hall**

Subscription rates are a minimum of £15 per person per annum [£10 for students & senior citizens]. However, many friends 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**:

- **I/we enclose cash / a cheque for £.....dated.....in favour of Calne Music & Arts Festival Society**
- **I/we have set up a Standing Order for the amount of £..... effective from ____/____/____ [DATE SELECTED MUST BE NO LATER IN THE YEAR THAN JULY 31ST]**
 in favour of Calne Music & Arts Festival Society
 Lloyds TSB High Street
CALNE SN11 0BN
 Sort Code 30 91 99
 Account No 01689996
- **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 (Friend's 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
[Address]
.....[Postcode]

Date

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 /-----/-----/ **2006** / 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]



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 (28p for every £1 I give).
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**