The Friends of Cotgrave Country Park

Please return this form to: Friends of Cotgrave Country Park Membership, 7 Vine Farm Close, Cotgrave, Nottingham, NG12 3TU Registered Charity N° 1199132



MEMBERS	HIP																		
Surname									Title			Phone No							
First Name																			
Address											Mobile No								
											Email address								
Post Code	Post Code Date																		
Annual subscription rates group and									oup and a	ill address will enable us to keep you informed about the Friends d any activities and events. The Friends of Cotgrave Country plies with the requirements of the General Data Protection Reg-									
Adult Conc		cessio	ession (U18, >67, low income)					nily	ulation 2018 as detailed in our Privacy Policy which will be found or website www.cotgravecountrypark.co.uk										
£2 pcm		£1 pc	:m 🗸				£3 pcm		Additional monthly dor			y don	nation £ pcm				£p	cm	
Please complete the standing order mandate below for the applicable amount or chosen monthly SUBSCRIPTION																			
CHARITY GIFT AID DECLARATION Boost your donation by 25p of Gift Aid for every £1 you donate																			
Gift Aid is recla	imed by u	s from	the tax	you pa	ay for the	current	tax year	providi	ng you a	are a curr	ent UK	taxpay	er.						
In order to Gift	t Aid you	r memb	ership	/ don	ation yo	u must	tick this	box ar	d sign	below:	V								
I want to Gift Ai	d my don	ation of	£		ar	nd any d	onations	I make	in the f	uture to 7	he Fri	ends o	f Cotgi	ave C	ountry	Park			
I am a UK taxpa claimed on all n									l Gains	Tax in th	e curre	ent tax y	ear tha	an the	amoun	t of Gif	t Aid		
Please notify the charity if you: want to cancel this declaration change your name or home address / no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift																			
Signed													Date						
STANDING ORDER Please set up standing order online or complete all the boxes on the form below. MANDATE																			
To the Bank Manager at (Name of your Bank)																			
Bank's Add	lress																		
						Code													
Your Sort Code				-			-		Acco	unt No:									
Your Accoun	nt Name																		
Please Pay: The Cooperative Bank																			
SORT CODE	ODE 08-92-99 ACCOUNT NUMBER 67271490 To the credit of FRIENDS OF COTGRAV								GRAVE	COU	NTRY	PARK							
The sum of £	•		on	D	D	M	M	Υ	Υ	Υ	Υ	AND	MON	ΓHLY	THE	REA	FTER	2	
SIG	NED														DATE				