



Friends of The Chalfont St Peter Community Library Subscription Form

[Registered Charity : 1144104]

*Name:

*Address:

*e-mail:

Contact telephone number:

**Please print details*

I wish to become a Friend of our Community Library and to make a financial contribution to the running of the Library. I wish for my donation to be Gift Aided and confirm that all donations that I make from the date of this declaration until I notify you otherwise, may be treated as **Gift Aid donations**.

I am a UK Tax Payer Please tick box, if applicable.

I understand this will allow the Community Library to reclaim the basic rate of tax from HM Revenue and Customs.

Signature.....

Date.....

Make a single donation of:

£

Cheques payable to: **The CSP Community Library** are to be returned with this form. Please do not include cash.

OR

Donate the sum of:

£

*Monthly/Quarterly/Annually
(delete as appropriate)

Please complete the bottom section marked **Standing Order Mandate** and send directly to your Bank. Please return the top section to the Community Library. Thank you..

✂.....(cut along dotted line).....

STANDING ORDER MANDATE

To: _____ Bank

Branch Address:

Account Name:

Account Number:

Sort Code:

Please debit my account with the sum of £.....on the(start date) and on the.....(date) of each subsequent month/quarter/year until further notice and credit the account of **The Chalfont St Peter Community Library**, Barclays Bank, Chalfont St Peter Branch: **Account No: 63919684**
Sort Code: 20-40-71.

Signature.....

Date.....