

The Friends of St.Peters Church, Parkstone

Membership Application Form

Title	
Full Name	
Address and postcode	
Telephone Number(s)	
Email address	

By signing this form you are confirming that you are consenting to “The Friends of St.Peter’s Parkstone” holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-

I consent to “The Friends” contacting me by post phone or email.

To keep me informed about news, events and activities run by “The Friends of St.Peter’s and services at St.Peter’s and St.Mary’s, Brownsea

To process Gift Aid applications

I apply to become a ‘Friend of St.Peter’s Church’ and enclose:

1. My cheque for £_____ ⁽¹⁾ (payable to “The Friends of St.Peter’s Church, Parkstone)
2. A completed Gift Aid Application - Yes / No ⁽²⁾

Signed _____ (Print Name _____)

Date _____

1. The ‘Friends of St.Peter’s’ thanks you for your contribution. The annual fee for membership is £25 but if you wish to make a larger donation this will be very gratefully received.
2. If you are a UK taxpayer you can make your donation even larger by completing a Gift Aid declaration so that The Friends of St.Peter’s can reclaim tax on your gift. See p2 of this form.

Please print this form and the Gift Aid declaration on page 2, if appropriate, and once completed, please send them with your cheque to The Treasurer, “The Friends of St.Peter’s Church, St.Peter’s Church Office, Church Rd, Parkstone, Poole BH14 0NN

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Gift Aid Declaration

Gift Aid means that for every £1 you give The Friends of St.Peter's Church can reclaim an extra 25p from HMRC, this makes your gift go even further.

If you are a UK taxpayer please complete the details below and sign the Gift aid statement

Full Name	
Address and postcode	

I confirm that I have paid or will pay an amount of Income Tax / Capital Gains Tax for each tax year that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that year.

I will inform you if any of my circumstances change and I no longer pay an amount of Income Tax / Capital Gains Tax that at least equals the amount of tax reclaimed on my donations.

I will notify you if I change my name or address

Signed _____ (Print Name _____)

Date _____