

Application Form

Please **tick** the relevant box

	UK	Europe	Rest of the world
Member	£35 <input type="checkbox"/>	£40 <input type="checkbox"/>	£43 <input type="checkbox"/>
Joint members	£43 <input type="checkbox"/>	£48 <input type="checkbox"/>	£51 <input type="checkbox"/>
Student / junior (under 25)*	£10 <input type="checkbox"/>		
Library or other	£75 <input type="checkbox"/>	£80 <input type="checkbox"/>	£85 <input type="checkbox"/>
Corporate member	Single	Joint	
Life subscription	£700 <input type="checkbox"/>		£1,000 <input type="checkbox"/>

I/we would like to join **The Gardens Trust** in the membership category indicated above

Membership category £

Additional donation, if any £

Total £

Title : Ms, Dr, Mr, Mrs

Forename(s)

Surname(s)

Address

Post Town Post/Zip Code

Country

Telephone

Email

(By providing my email address, I hereby consent to receiving emails from **The Gardens Trust**)

* Date of birth (if under 25)

Either: I enclose a cheque made payable to **The Gardens Trust**

for £ **or:** please debit my credit/charge card number

☐ MASTERCARD ☐ MAESTRO/DELTA ☐ AMERICAN EXPRESS VISA (tick one)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid from date Expiry date

Amount £

Name of card holder.....

I am a UK taxpayer and wish **The Gardens Trust** to treat all donations I make from this date (including this subscription) as Gift Aid donations I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of the Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

☐ (delete if not applicable)

Signed Date

☐ To pay by Direct Debit please tick here and complete the form **attached**

How did you learn of the Trust and/or where did you get this leaflet?

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GUARANTEE

◆ This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.

◆ If the amounts to be paid or the payment dates change, CAF/The Gardens Trust will notify you at least ten working days in advance of your account being debited or as otherwise agreed.

◆ If an error is made by CAF/The Gardens Trust or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

◆ You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF.



CAF Charities Aid Foundation



Instruction to your bank or building society to pay direct debits

Please send this completed instruction to:

The Garden Trust
47 Water Street
Lavenham
Sudbury Suffolk CO10 9RN

Name(s) and address of account holder(s)

Title: Ms, Dr, Mr, Mrs

Address

Postcode

Bank/Building Society account number Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank/Building Society

To: **The Manager**

Address

Postcode.....

Originator's Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CAF reference Number

7071-03

FOR CAF OFFICIAL USE ONLY – this is not part of the instruction for your Bank/building Society

Date of first payment on or after

Instructions to your Bank or Building Society

Please pay **CAF/The Gardens Trust**

Direct Debits from the account details in this instruction subject to the safeguards assured by Direct Debit Guarantee. I understand that this instruction remain with CAF/The Garden's Trust and if so, details will be passed electronically to my Bank/Building Society.

Signature:

Date: