***Please tick appropriate box***

[ ]  **I / We wish to become a Member(s) of Cumbria Community Foundation**

 *(Minimum Annual Subscription Rates Individual £25.00, Families and Couples £50.00)*

[ ]  **I / We wish to make a donation to Cumbria Community Foundation**

|  |
| --- |
| Name(s) |
| Address *(inc postcode)* | Main Tel NoMobileEmail |

Subscription Due: £

We wish to make a donation of: £

Total £

I/we have made an online payment to Cumbria Community Foundation [ ]

I/we enclose a cheque made payable to Cumbria Community Foundation [ ]

Would like to donate regularly and have completed the bankers order [ ]

**Please contact me to discuss my options for charitable giving** [ ]

Signed: Date: / /

**Gift Aid Declaration**

*Please tick the appropriate box*

**Please treat**

□ The enclosed gift of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a Gift Aid donation; **OR**

□ All gifts of money that I make today and in the future as Gift Aid donations; **OR**

□ All gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

I confirm I have paid or will pay an amount of Income Tax and/or capital Gains Tax for the current tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

|  |  |
| --- | --- |
| Signed  | Date |

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 Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code

**Privacy Notice:** We do not supply our mailing list to any other organisation. We would like to send you additional information about our activities and fundraising opportunities. I would like to receive this by (please tick)

□ e-newsletters by Email

□ Fundraising Requests by Email

□ Fundraising Requests by Phone

**Please return the completed form to:**

**Cumbria Community Foundation**

**Dovenby Hall**

**Dovenby**

**Cockermouth**

**CA13 0PN**

HSBC Bank plc

Carlisle City Office

29 English Street

Carlisle

CA3 8JT

Cumbria Community Foundation

Sort Code: 40-16-22

Account: 32152967

Reference: please give your name

Office Use only

Account name to be debited:

To the Manager Bank PLC

Address

Postcode

Account Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Sort Code [ ] [ ]  -[ ] [ ]  - [ ] [ ]

Please pay the sum of £ on the / / and on the same day each

year / quarter / month (circle as appropriate) until further notice [ ]  or for [ ]  years

Signed Date

**Please return the completed form to:**

**Cumbria Community Foundation**

**Dovenby Hall**

**Dovenby**

**Cockermouth, CA13 0PN**



**Connecting people who care with causes that matter**