

Membership Form

I/we wish to support the Fitzwilliam Museum by joining the Marlay Group:

Patron membership at £1350 a year

(Benefits £150/ Donation £1200)

I/we would like to make an additional donation of £_____

YOUR DETAILS:

Please complete in block capitals

Title: _____ Name: _____

Name of Spouse/Partner: _____

Address: _____

_____ Post Code: _____

Telephone: _____

Mobile: _____

Email: _____

Please return this form to:

Development Office

The Fitzwilliam Museum

Trumpington Street

Cambridge CB2 1RB

Tel: 01223 332921

Email: development@fitzmuseum.cam.ac.uk

I/WE WISH TO PAY BY:

Cheque made payable to "Fitzwilliam Museum Development Trust"

CAF cheque*

Banker's order (see form overleaf)

* In order to comply with Inland Revenue rules regarding deemed benefits, if you pay your donation through CAF or another charitable account, please make a separate payment of £150 from a non-charitable account.

HELP US CLAIM GIFT AID:

Please treat as Gift Aid donations all qualifying donations made to the Fitzwilliam Museum and Fitzwilliam Museum Development Trust (please tick all the boxes you wish to apply):

today in the past 4 years in the future

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 8p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008. Please notify us if you change your name, address or tax status.

Signature: _____

Date: _____

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Standing Order Request Form

I/we wish to support the Fitzwilliam Museum by joining the Marlay Group:

- Patron membership at £1350 a year (Benefits £150/suggested donation £1200)
- I/we would like to make an additional donation of £_____

DETAILS OF DONOR'S BANK
Please complete in block capitals

To: _____ (Name of your bank)

Your Bank's address: _____

Post Code: _____

Sort Code: _____ Account No: _____

Please pay from my account to:
Fitzwilliam Museum Development Trust CAF Bank Ltd
25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ
Sort Code: 40-52-40 Account No: 00092954

Amount in figures: _____

Amount in words: _____

To start on the _____ day of _____ 20__

And any like sum annually until further notice. Please cancel any previous standing order payments to the Fitzwilliam Museum Development Trust.

Signature: _____ Date: _____

YOUR DETAILS:
Please complete in block capitals

Title: _____ Name: _____

Address: _____
_____ Post Code: _____

Tel: _____ Mobile: _____ Email: _____