

Supporter Application Form

Supporters covered by this application

Name	Age (if under18)
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* Please provide any additional names overleaf

Address
Postcode
Email

We will hold your details on our database and will contact you from time to time about Supporters' activities. If you have an email address we will usually contact you by email, if you do not have email we will contact you by post. We will not share your information with any other organisations.

Payment	
I / we wish to become Supporters for 2017/18 at £10 per person* . (* free for under 18s when an adult also joins)	£ <input style="width: 100px;" type="text"/>
I / we also wish to support the work of the Trust by making a donation of and / or (please tick as applicable) :	£ <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • serving on the Committee • helping with fundraising • helping with communications/publicity • helping with social events 	↓
Total payment due	£ <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • I enclose a cheque payable to York Mystery Plays Supporters Trust or • I have paid directly into your Co-op Bank account number: 65633564 Sort Code: 08-92-99 (Please put your name as a reference) 	

<u>Gift Aid declaration</u>	
I would like York Mystery Plays Supporters Trust to reclaim the tax on any eligible donations or membership fees until further notice. I confirm that I pay at least as much UK income or capital gains tax as will be reclaimed on all my Gift Aid donations in each tax year (currently 25p for every £1 you give).	
Signed	Date

Please return the completed form to:
 Membership Secretary, York Mystery Plays Supporters Trust,
 14 Moor Lane, Copmanthorpe, York, YO23 3TH