

The Friends of Shamrock

Application Form

Title ----- First (preferred) name -----

Surname -----

Address -----

Postcode -----

Telephone ----- Mobile..-----

Email -----

I would like to volunteer to help with Shamrock.

Donation:

I wish to make my donation monthly/yearly (please delete). Suggested minimum donations are £2.00 per month or £15.00 per year.

I will pay £..... by (please indicate amount and complete the relevant section below):

- Cheque made payable to The Shamrock Trust enclosed;
- Cash enclosed (not preferred);
- Bank transfer to The Shamrock Trust, sort code 40-47-01, account number 11439243, with my name and initials as reference;
- Standing order to the above account: which I will set up myself, with my name and initials as reference (annual payments to be on 1st April);
- Standing order as specified on the form below.

If you would like us to claim Gift Aid on your donation, please complete the form below.

Signed Date.....

Please either upload the completed form(s) at
<https://www.shamrocktrustuk.org/home/the-friends-of-shamrock/>
or send them to:

Mrs. D.A. Bullough, 375 Ringley Road West, Radcliffe, Manchester, M26 1EA

Standing Order Form

To the Manager Bank Plc

Bank Address
.....
.....

Please pay to:

HSBC, 15 Crescent Road, Windermere, Cumbria, LA23 1EF,

For the account of The Shamrock Trust,
Sort Code 40-47-01; Account Number. 11439243

The sum of £..... (..... pounds)

commencing on

and thereafter on the first of:

*every month, OR

*yearly on.1st April

(*tick relevant line)

and debit my account accordingly.

Sort Code Account Number

Name of account holder(s), Block capitals please.

.....

Signed

Date

On payment please quote (print your name and initials)

.....

Gift Aid Form

I am a UK tax payer and wish The Shamrock Trust to recover Gift Aid on this and any future donations I make.

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.

Title First name or initial(s)

Surname

Full home address

.....

Postcode

Date

Signature.....

Please inform us immediately if any of the above details change or you no longer wish us to claim Gift Aid.