

Complete and return this form to:
NYCoS Friends, NYCoS, The Mitchell, North Street, Glasgow G3 7DN

Contact Details:

Name:
Address:
.....
..... Post Code:
Telephone:
Email:

Level of Friend (please tick relevant box):

Friend £5 a month/
£60 a year
Forte Friend £10 a month/
£120 a year
Fortissimo Friend £42 a month/
£500 a year

Acknowledgement of your support will appear in our concert programmes and annual newsletter.
Please confirm in BLOCK CAPITALS your name as you would like it to appear (leave blank if you wish to remain anonymous):
.....



Boost your donation by 25p for every £1 you donate at no extra cost to you with Gift Aid.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

I want to create a Gift Aid declaration (please tick)

Signature: Date:

Please notify us if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains tax.

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.

Method of Payment (please tick relevant box):

Cheque (enclosed) (made payable to NYCoS)

Debit/Credit Card

Card Number:

Valid from: Valid to: Security Code:

Signature: Date:

Standing Order (please complete the mandate below)

Standing Order Instructions:

Account Name:

Bank Name:

Bank Address:
.....
.....

..... Post Code:

Account Number: Sort Code:

Please pay Bank of Scotland, 235 Sauchiehall Street, Glasgow, G2 3EY, crediting NYCoS, Account no: 00648601, Sort Code: 80-07-60.

The sum of £ on the first day of (MM/YYYY) and on the same date each following month/year* until further notice.

Please debit my/our* account in accordance with the above instruction.
*delete as appropriate

Signature: Date:

Title: Forename: Surname:

Address:
.....
.....

..... Post Code:

For office use only. Reference Number: