Thank you for choosing to support Norwich Theatre Royal

Please return the completed form to our Freepost address
Fundraising, Theatre Royal, FREEPOST RTJG-ASAE-ZLAY
Theatre Street. Norwich, NR2 1YL

NORWICH THEATRE ROYAL

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Office Use Only: A V ☐☐☐☐☐☐

Title _____ First Name_____ Surname _____

Address _____

_____ Postcode _____

Using Gift Aid means that for every pound you give, Norwich Theatre Royal will receive an extra 25% from the HMRC, turning £10 into £12.50 and helping your donation go further. Imagine what a difference that could make and it doesn't cost you an extra penny.

☐ I would like Norwich Theatre Royal to treat all donations I have made in the past six years and all future gifts of money that I make from the date of this declaration as Gift Aid Donations, until I notify you otherwise. I understand that I must pay an amount of United Kingdom Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that Norwich Theatre Royal will reclaim on my donations in that tax year.

Or

☐ I am not a UK Tax payer, or pay insufficient tax to Gift Aid my donations

Signature _____ Date _____

TO MAKE A SINGLE GIFT

☐ I enclose a cheque made payable to '**Theatre Royal (Norwich) Trust Ltd'**

Or

☐ Please charge £_____ to my Please debit my: MasterCard/Visa/Delta/Switch/Maestro (**delete as appropriate**)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Valid from ☐☐/☐☐ Expiry Date ☐☐/☐☐ Issue Number (Switch only) ☐☐

CVV Code ☐☐☐ (**these are the last three digits on the signature strip of your credit/debit card**)

Signature:…….. Date:……..

TO MAKE A REGULAR GIFT

DIRECT Debit

I wish to donate £_____ to the Theatre Royal (Norwich) Trust Ltd each ☐ month **or** ☐ year, until further notice.

Bank Name _____

Branch Address _____Postcode _____

Name of Account Holders(s)_____

Account Number ☐☐☐☐☐☐☐☐ Sort Code ☐☐☐☐☐☐

Instruction to your bank or building society

Please pay the Theatre Royal (Norwich) Trust Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with the Theatre Royal (Norwich) Trust Ltd and if so, details will be passed electronically to my Bank/ Building Society.

Signature:…….. Date:……..Originators

Identification Number: 8 3 8 3 9 5 Reference (for office use only): A V R C ☐☐☐☐☐☐

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

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