The Friends of Charleston Form

Please complete and return to: Charleston Friends, Charleston, Firle, Lewes, East Sussex BN8 6LL If this is a gift please complete the details of the recipient below and your details in the section by credit card payment. Please specify if you would like the pack sent to recipient \pounds or payer \pounds



Name:
Address:

Postcode: Email:	Telephone:		
Please tick as appropriate. Pric	es valid from 20 th February 2012		
UK	-		
Single Membership	:	239	£
Joint Membership	bint member name	£54	£
Family Membership	Additional member name	£62	£
Life Membership Single/Joint1	bint member name	£650/£1150	£
Europe			
Single Membership	!	£49	£
Joint Membership	bint member name	£67	£
Family Membership	Additional member name	£77	£
Life Membership Single/Joint1	bint member name	£1150/£1650	£
USA and other countries			
Single Membership		£59	£
J oint Membership	bint member name	£77	£
Family Membership	Additional member name	£92	£
Life Membership Single/Joint1	bint member name	£1550/£2050	£
least equal to the amount of tax that on my gifts for that tax year. I unders reclaim 28p of tax on every £1 that I 2008. Please notify us if you change	•	that I donate to will red lify. I understand the cha 1 that I give on or after	claim arity will 6 April
Signature	D ate		
Method of payment (Please	tick as appropriate)		
I enclose a cheque made payable to The Charleston Trust. (UK cheques only)			£
I would like to pay by credit card and have filled in my details below.			£
I would like to set up a Direct Debit account and have filled in the form overleaf.			£
I enclose a donation of £	in aid of The Charleston Trust.		£
To pay by credit card Visa/Ma	stercard/Switch/Maestro (Please delete as appropriate)		
Card No.	Card Sec	urity code ²	
Start date	Expiry date Issue Nur	nber (Switch only)	
Name (as it appears on the car	d & if different from above)		
Address of cardholder			
Postcode	Telephone number		

Life members receive extra benefits — please ask for further details. ² The three-digit number printed on the reverse of the card, This information is mandatory as of Jan 2007.

Please fill in the form and send to: The Charleston Trust	Instructions to your Bank or Building Society to pay by Direct Debit		
Charleston Firle Lewes	Originator's Identification Number		
East Sussex BN8 6LL	404084		
N () C4 (HILL()	For Charleston Trust OFFICIAL USE ONLY This is not part of the instructions to your Bank or Building Society		
Name(s) of Account Holder(s)			
Bank/Building Society Account Number			
Branch Sort Code			
Name and full postal address of your Bank or Building Society	Instruction to your Bank or Building Society		
To the Manager	Please pay The Charleston Trust 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		
Address	Charleston Trust and if so, details will be passed electronically to my Bank / Building Society.		
	Signature(s)		
Postcode			
Reference Number	- Date		
C H A			

DIRECT

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change The Charleston Trust will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Charleston Trust or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.