



DONATION FORM

PERSONAL DETAILS

Name:	Address:
Tel (daytime):	

Email Address:

Company Name (if applicable):

YOUR DONATION

I would like to make a donation of £_____ to support the work of the Festival and King's Theatres.

PAYMENT OPTIONS

Cheque for £_____ made payable to 'Festival City Theatres Trust'

Credit or Debit Card

Mastercard Visa Maestro Delta The sum of.....

Card number.....

Valid from.....Expiry date.....Issue number.....3 digit security code

Standing Order. I would like to make regular donations to the Festival and King's Theatres. (Please complete the form overleaf)

Gift Aid Declaration

I am a UK taxpayer and wish this donation and all future donations to Festival City Theatres Trust to be treated as Gift Aid donations until I notify you otherwise. *

Signed **Date**

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* To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that all of the charities you give to will reclaim on your donations in the appropriate tax year.

Please return form to: Lucy Clement, Development Executive, Festival Theatre, 13/29 Nicolson Street, Edinburgh, EH8 9FT

THANK YOU FOR YOUR SUPPORT

The Festival and King's Theatres are managed by the Festival City Theatres Trust
Scottish Charity Number: SC018605



STANDING ORDER FORM

To the Manager of:

Bank/Building Society Name:

Branch Address:

Name(s) of account holder(s) to be debited:

Account number:

Sort Code:

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please make the payments detailed on this form to the bank and account specified below and debit my/our account accordingly.

Bank Bank of Scotland
Address The Mound, Edinburgh
Sort Code 80-20-00
For the credit of Festival City Theatres Trust (Scottish Charity no. SC018605)
Account number 00351215 (quote ref: King's Seat Dedication)

Payment amount:

£ _____ per month/per year *(please delete as appropriate)*

First payment date:

...../...../2012 or immediately on receipt of this order, whichever is the later date.

Payment frequency: Subsequent payments **monthly/annually** on the same day of the month for a period of _____ months /years *(please delete as appropriate)*

Signature(s):

Date: