Membership Form

I would	like to become a	Friend of Throwleigh	Church
	I would like to n	nake a regular contribution per month	tion of
	£	□ per year	
	starting on	1 3	
		nake a single gift of £	
Name			
Address			
Post cod	le		
Email			
Telepho	ne		
I would	like to pay my co	ontribution by:	
		ler from my bank (plea lete the form overleaf)	se
		payable to Friends of	
	Throwleigh by by standing order by better spent on ch	r if possible, as we can sav	e time
I am wil	ling to help with	fund-raising events	
Please a	dd my name to tl	he book of Friends	
		ease complete the Gift Aid e value of your gift at no cos	t to you.
	Gift Aid	d Declaration	
To the F	riends of Throw	leigh Church	
make tod	ay and in the futur	se treat all gifts of money re as Gift Aid donations.	I will tell
of Incom		Church if I do not pay an tal Gains Tax that at least lonations.	
Signature	2	Date	

Banker's order

То	my bank's name
Address	
Post code	
My bank's sort	code
Lloyds TSB Bank	Friends of Throwleigh Church at k, Fore Street, Okehampton, EX20 1HJ, 3, account 16779868
the sum of £	monthly yearly delete as required
(amount in words)
starting on (date)	until further notice.
My account nam	ne
My account no.	
Signature	
Date	
Surname	
Forenames	
Address	
Post code	
Please return to:	The Friends of Throwleigh Church Coombe Cottage

Throwleigh Okehampton EX20 2HZ