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**Application to become a Benefactor of the  
 Burford Tolley Museum and Archive (BTMA)**

|   |  |
|---|--|
| I wish to become a <b>Benefactor</b> of the BTMA and donate £<br>(a min. of £25 per person p.a. please). Subscriptions are due on the 1st Sept each year. |  |
|---|--|

It would be helpful if you choose to pay your subscription fees by standing order. To do so, simply notify your bank that you wish to pay a minimum of £25 once a year on whatever date you choose, by Standing Order to Sort Code: **30-91-43** Account: **00085455** Name: **Tolley Museum**.

**To the Burford Tolley Museum and Archive:**

Please continue / commence my membership of BTMA. My choices are ticked below:

|                       |   |  |
|-----------------------|---|--|
| <b>Standing Order</b> | I will pay the current and future subscriptions by standing order                     |  |
| <b>Bank Transfer</b>  | I will pay the Tolley Museum Sort Code 30-91-43 Account 00085455, referencing my name |  |
| <b>Cheque</b>         | Made payable to Tolley Museum (please attach)   |  |

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

|                             |  |  |
|-----------------------------|--|--|
| <b>Gift Aid Declaration</b> | I want to Gift Aid any donations I make in the future or have made in the past 4 years to the Burford Tolley Museum and Archive.<br>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. |  |
|-----------------------------|--|--|

**Everyone to complete:**

|   |                    |             |
|---|--------------------|-------------|
| Title:  | First & last name: | Newsletter: |
| Address:  |                    |             |
| Town:   |                    | Postcode:   |
| Email:  |                    | Phone:      |
| I consent to the BTMA storing this data and using it for the proper purposes of the Society |                    |             |
| Signature:  |                    | Date:       |

Signature not required if submitting electronically by email  
 A SEPARATE FORM FOR EACH PERSON PLEASE