



MEMBERSHIP FORM

Title: First name Last name

Address:

Post code: Phone number:

Email:



Scan to complete this form online

I would like to be a Friend of Kennington Library and will pay an annual membership fee of:

£5 *minimum suggested annual donation*

£15 *family suggested annual donation*

Other amount: £_____

I will pay by:

Cash or cheque: *Leave at the library in an envelope with your name and number.*

PayPal: *Visit www.friendsofkenningtonlibrary.org.uk and click on "Donate".*

Bank transfer: *Use these details: Bank account type: Business; Beneficiary name: FRIENDS OF KENNINGTON LIBRARY; Account number: 43993650; Sort Code: 09-01-28.*

Standing order: *Complete the form on page 2 and return it to the library.*

Note that if you pay by standing order or recurring PayPal your annual renewal will be automatic.

Charity Gift Aid Declaration

If you are a UK taxpayer and eligible to Gift Aid your donation, please agree to the below declaration. This will increase your gift by 25p for every £1 given at no extra cost to you or us.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. 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.

I agree

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code. Please notify FOKL if you want to cancel this declaration; change your name or home address; or no longer pay sufficient tax on your income and/or capital gains.

Signature: _____

Date:/...../.....

By completing this form, you give permission for The Friends of Kennington Library to hold your personal information. We will only use this information to inform you of news about the Library and Friends events, appeals and renewals of memberships. You may withdraw this consent in writing at any time to treasurer@friendsofkenningtonlibrary.org.uk. We take your privacy seriously and store your data securely. Your data will not be shared with any other organisation.



STANDING ORDER MANDATE

Please ensure all shaded boxes are completed and in capitals and return to FOKL via the library.

PLEASE TICK RELEVANT BOX:

NEW INSTRUCTION

AMEND PREVIOUS STANDING ORDER

PAYMENT FROM		BENEFICIARY DETAILS	
BANK		BANK	SANTANDER
BRANCH		BRANCH	OXFORD
ACCOUNT NAME		BENEFICIARY NAME	Friends of Kennington Library
ACCOUNT NUMBER		ACCOUNT NUMBER	43993650
SORT CODE		SORT CODE	09-01-28
PAYMENT DETAILS			
AMOUNT OF PAYMENT Please allow two weeks after completion and signature of the mandate.	£	DATE OF FIRST PAYMENT DD/MM/YYYY	
AMOUNT OF PAYMENT IN WORDS			
PAYMENT FREQUENCY: Please circle as appropriate	MONTHLY / QUARTERLY / ANNUALLY		
SIGNATURE(S)			
CUSTOMER SIGNATURE(S)		DATE	
CUSTOMER NAME(S) (PRINT)			
CUSTOMER CONTACT TELEPHONE NUMBER			

Optional: Are you interested in events for children?

Yes

No

Maybe

Optional: What is your age?

Under 18

18-29

30-39

40-49

50-59

60-69

70 and over