



Lynette Derry, Membership Secretary  
 5 Sylvester Close, Burford OX18 4RU  
 Email: [membership@burfordtolsey.org](mailto:membership@burfordtolsey.org)  
 Tel: 07525 003887

**Application to become a Benefactor or Friend of the  
 Burford Tolsey Museum and Archive (BTMA)**

I wish to become a <b>Benefactor</b> of the BTMA and donate £ (a min. of £25 per person p.a. please). Subscriptions are due on the 1st Sept each year.	
I wish to become a <b>Friend</b> of the BTMA and donate £ (a min. of £10 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 £10 or £25 once a year on whatever date you choose, by Standing Order to Sort Code: **30-91-43** Account: **00085455** Name: **Tolsey Museum.**

**To the Burford Tolsey 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 Tolsey Museum Sort Code 30-91-43 Account 00085455, referencing my name	
<b>Cheque</b>	Made payable to Tolsey 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 Tolsey Museum and Archive. 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:		
Address:			
Town:		Postcode:	
Email:			
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