



I/We* would like to subscribe to the **London Welsh Centre**

Are you an existing supporter? Supporter No.:

Please complete the following sections depending on how you wish to pay

- Cash, cheque and online payments Sections 1, 2 & 6
- Card payments Sections 1, 2, 4 & 6
- Direct Debit payments Sections 1, 2, 5 & 6

And if you can Gift Aid your payment section 3

1. Payment Type (Please indicate with a tick how you wish to pay)

- a) Cash / Cheque* I enclose amount £.....
 - b) Online I paid £..... on (date)
 - c) Direct Debit (Section 5 must also be completed).....
 - d) Debit / Credit Card (Section 4 must also be completed).....
- (Please make Cheques payable to "London Welsh Centre Trust")*

2. Subscription Type - (please tick one)

- a) 'Calon' (Heart) Annual Individual at £120 a year.....
- b) 'Curiad' (Pulse) Annual Individual at £60 a year
- c) 'Curiad Teulu' (Family Pulse) Annual Family at £90 a year....
- d) 'Cenedl' (Nation) Annual Individual at £30 a year
- e) 'Cartref' (Home) Annual Individual at £20 a year

3. giftaid it

Please treat as Gift Aid donations all qualifying gifts of money made. Please tick all boxes you wish to apply:

Today In the past 4 years In the Future

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax for every £1 that I give on or after April 2008.

Signature: _____ Date: _____

4. Debit or Credit Card Payment

I/We wish to subscribe to the **London Welsh Centre**, by Debit / Credit Card.

I authorise the Charities Aid Foundation, Ref No: **FS3044**
acting on behalf of CAF Re **London Welsh Centre Trust** to debit my
under mentioned credit/debit card with the sum of £

* Visa / American Express / Barclays / Connect / MasterCard /Delta
(* please indicate appropriate card)

Debit or Credit Card Number

Expiry Date: / Start Date /

Switch card issue No: Security Code

(last 3 digits on the signature strip)


Name: _____

Address: _____

_____ Postcode _____

Cardholder's Signature:

Payments by Card or Direct Debit will show on your statement. as
'Charities Aid Found'. 'London Welsh Centre' does **NOT** appear.

The Direct Debit Guarantee		
<ul style="list-style-type: none">• This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits• If there are any changes to the amount, date or frequency of your Direct Debit, CAF Re London Welsh Centre will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF Re London Welsh Centre to collect a payment, confirmation of the amount and date will be given to you at the time of the request• If an error is made in the payment of your Direct Debit, by CAF Re London Welsh Centre or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when CAF Re London Welsh Centre asks you to. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.		

5. Direct Debit Payments

Please send this completed instruction to:

The London Welsh Centre Trust,
157-163 Grays Inn Road,
London WC1X 8UE



Instruction to your Bank or Building Society to pay by Direct Debit

Name and full postal address of your Bank/Building Society
To: the Manager

Bank / Building Society:

Address:

.....Postcode:

Name(s) of Account Holder(s):

Bank/Building Society account number:

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Branch Sort Code

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Service User No.

2	7	7	8	1	2
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Instruction to your Bank or Building Society.

Please pay Charities aid foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that the Instruction may remain with Charities Aid foundation and, if so, details will be passed electronically to my Bank/ Building Society.

Signature(s)

.....
.....

Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.

This is not part of the instruction to your Bank or Building Society and must be detached by Charities Aid foundation before submission to the paying bank

My Details

Name

Mr Mrs Ms Other (please specify)

Address:

.....
.....
.....Postcode:

Donation Details

I would like to make a regular donation of
£....., Annually, Monthly

Commencing (DD/MM/YYYY)

		/			/				
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Annual Subscription to LWC in 2017-18:
'Calon' £120; 'Curiad Teulu' £90;
'Curiad' £60; 'Cartref' £20;
(see full details overleaf)



6. My/our personal details

1st Person :

Title: First name: Surname:

Email Address:

Postal Address:

Post Code:

Telephone Nos:

Please tick if you are a member of any of the groups below

Chorale Gwalia LWMVC Welsh Class

2nd Person ('Curiad Teulu' only)

Title: First name: Surname:

Email Address:

Telephone Nos: DOB:

Please tick if you are a member of any of the groups below

Chorale Gwalia LWMVC Welsh Class

Children under 18 : ('Curiad Teulu' only) **Name and DOB**