

FRIENDS OF THE FAMILY HAVEN

Thank you for joining our Friends Scheme. Individual membership costs from £20 a year and includes:

- A newsletter 3-4 times a year
- Invitation to special Supporter events (usually every other year)
- The option to receive our Volunteer bulletin by email (less than once a year)
- Invitation to come and take a tour of The Family Haven
- Knowing you are making a real difference in the lives of local families in need



FRIENDS APPLICATION FORM

Please use **BLOCK CAPITALS** if completing by hand. Please complete this form and return to debbie@thefamilyhaven.com or Debbie Nevin, The Family Haven, 31 Spa Road, Gloucester, GL1 1UY

Full Name			
Joint Member			
Address			
Post Code		Tel No	
Email			

Data Protection: The Family Haven may contact you in the future about our work and how you can support us. If you would like to receive this information please tick the relevant box, or boxes, to indicate how you would like to be contacted: Email Post

I wish to Donate	Single Member	Joint Members	Corporate Member
Yearly	<input type="checkbox"/> £30 <input type="checkbox"/> £60 <input type="checkbox"/> £120	<input type="checkbox"/> £60 <input type="checkbox"/> £120 <input type="checkbox"/> £180	<input type="checkbox"/> £120 <input type="checkbox"/> £240 <input type="checkbox"/> £600
Monthly	<input type="checkbox"/> £2.50 <input type="checkbox"/> £5 <input type="checkbox"/> £10	<input type="checkbox"/> £5 <input type="checkbox"/> £10 <input type="checkbox"/> £15	<input type="checkbox"/> £10 <input type="checkbox"/> £20 <input type="checkbox"/> £50
OR I wish to donate: £_____ (please state) per annum / quarter / month (please delete as appropriate)			

Payment by Standing Order greatly helps administration. However if you prefer to pay by cheque it should be made out to **The Family Haven**.

GIFT AID DECLARATION

- I want all the donations I have made to THE FAMILY HAVEN in the past four years, and any donations I make in the future, to be Gift Aided until I notify you otherwise.

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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.

Signature _____

Date _____

Please notify THE FAMILY HAVEN if you want to cancel this declaration, or change your name or home address, or no longer pay sufficient tax on your income and / or capital gains

HELPING VULNERABLE FAMILIES TO A BRIGHTER FUTURE SINCE 1988

STANDING ORDER INSTRUCTION

To: _____ Bank

Address	
Post Code	

Account Details

Account Name																							
Account Number															Sort Code			-			-		

Payee Details

Please pay to the account of **The Family Haven** Account No: **00018913** Sort Code: **40-52-40**
CAF Bank Ltd, 25 Kings Hill, West Malling, ME19 4JQ

Payment REFERENCE: _____ (to be completed by The Family Haven)

Payment Details

For the sum of £_____ now and on this date ANNUALLY / QUARTERLY / MONTHLY
(delete as applicable) until further notice

Starting date: _____

THIS NOTICE REPLACES ANY EXISTING STANDING ORDER IN FAVOUR OF THE FAMILY HAVEN

Signature _____ Date _____

Please print these pages single sided so we may send this page to your bank

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