MEMBERSHIP RENEWAL 2021

Overseas members

Please complete and return to Church Society, Ground Floor, Centre Block, Hille Business Estate, 132, St Albans Road, WATFORD, UK WD24 4AE



Church Society

Name:	
Address:	
	Country:
STANDARD MEMBERSHIP	
ANNUAL SUBS PLUS DONATION	MONTHLY SUBS PLUS DONATION
□ £92	□ £8
□ £	□ £
ANNUAL SUBS ONLY	MONTHLY SUBS ONLY
□ £72	□ £6
CONCESSIONS	
ANNUAL SUBS PLUS DONATION	MONTHLY SUBS PLUS DONATION
□ £46	□ £4
□ £	□ £
ANNUAL SUBS ONLY	MONTHLY SUBS ONLY
□ £36	□ £3
SPOUSE MEMBERSHIP	
ANNUAL 🗖 £12	MONTHLY
THE GLOBAL ANGLICAN (members	' discounted rate; free to student members)
ANNUAL 🗆 £36	MONTHLY £3
TOTAL PAYMENT	
ANNUAL: £	MONTHLY: £
☐ Standing order	☐ Cheque or charity voucher
☐ Credit or debit card	□ Online
	an be paid online at churchsociety.org/store/ n existing s/o, you do not need to return this form.

STANDING ORDER MANDATE **CARD PAYMENT** Please debit my Mastercard/Visa in the From: (name of account holder) sum of: £ To: Bank plc Card number: (name of your bank) (full address including postcode of your bank) Start Security code Expiry Name: Account number: Sort code: Email: Telephone: Please deduct from the above account the sum of: £ Signature: on this date and monthly/annually thereafter: and pay this sum to Church Society: CHEQUE/CHARITY VOUCHER a/c no: 80246913 sort code: 20-91-79 Barclays Bank, 62-64 High St, Watford WD17 2BT I enclose a cheque/charity voucher Please ensure that all backdated payments are credited. payable to Church Society for the sum of: This cancels all existing Banker's Orders in favour of Church Society. £ Signature: Date: **GIFT AID DECLARATION** 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. In order to Gift Aid your donation, you MUST tick the box below. I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to Church Society. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in a year than the amount of Gift Aid claimed on all my donations in that year, it is my responsibility to pay the difference. First name: _____ Home address: ____ Title: Surname: Date: Country: Signature: Please notify us 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.