Theatre Alibi

Donation Form

Name (Mr / Mrs / Miss / Ms) _____

Address _____

Postcode _____

Telephone _____

E-mail _____

Your details will be held on a database at Theatre Alibi. From time to time we may wish contact you to update you on our work and activities. If you do not wish to receive these mailings, please tick the boxes below:

If you do not wish to receive postal mailings or e-mails relating to our work for children, please tick here: ☐

If you do not wish to receive postal mailings or e-mails relating to our work for adults, please tick here: ☐

I would like to give £..... by cheque, made payable to: Theatre Alibi

Or

I authorise you to debit my account with the amount £.....

Card type MASTERCARD / VISA / DELTA / SWITCH / MAESTRO

Cardholder's name.....

Card number | | | | | | | | | | | | | | | | | | |

Start date..... Expiry date.....

Switch card issue no..... Security number.....

Signature..... Date.....

Please complete this section if you are a UK taxpayer

GIFT AID DECLARATION *giftaid it*

I am a UK tax payer and wish Theatre Alibi to treat all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the Gift Aid scheme.
Higher rate tax payers can claim further tax relief in their Self Assessment return.

Signature .....

Print name .....Date.....

Please remember to notify us if your circumstances change. You must pay UK Income Tax and/or Capital Gains Tax at least equal to the tax the charity reclaims on your donation in the tax year.

thank you **Please return this form to:** Theatre Alibi
Emmanuel Hall, Emmanuel Road, Exeter, Devon EX4 1EJ

REGISTERED CHARITY: 299565