

MEMBERSHIP DIRECT DEBIT SIGN UP



Name of Accor	unt Holder		Ξ.
Bank/Building	Society Accou	unt Number	
Branch Sort Co	ode		
Name and full p bank/building		s of your	
Service Use Nu	umber		
Reference			
Date			
giftaid	lit	Please Tick:	
the tax on all dor future gifts of m I understand tha than the amount	nations I have m oney that i make it if I pay less inc t of Gift Aid clair	ald like Club Aontroma to lade in the last four year e to be gift aid donation ome Tax and/or Capital med on all my donations lity to pay any difference	s and all s. Gains tax in that
Name:			
Address:			
4.5	Pos	tcode:	
Date:	Sign	nature:	

PLEASE EMAIL THIS FORM TO INFO@CLUBAONTROMA.COM

MANY THANKS FOR YOUR SUPPORT