

FRIENDS APPLICATION FORM

(please tick)

£25 Individual Rate (named individual)

£50 Individual and Guest Rate (named individual and transferable guest)

£55 Family Rate (2 named adults and up to 4 dependent children/grandchildren under 16)

1. Title: _____ Name: _____

Email: _____

Address: _____

_____ Postcode: _____

Contact Telephone: _____

Please complete second named person for Family Rate or second Individual at same address

2. Title: _____ Name: _____

Email: _____

In addition to my Friends' membership to support the valuable ongoing work of The Edward James Foundation, I would like to make a donation of £_____

Make your contribution worth 28% more with Gift Aid at no additional cost to you

Please Gift Aid your Friends' membership and any donation. Gift Aid will increase the value of your membership to West Dean by allowing us to reclaim basic rate tax on your gift, currently 28p for each £1 given (you must pay an amount of Income Tax and/or Capital Gains Tax at least equivalent to the tax that the charity reclaims on your donations).

(please tick) I/we wish West Dean to treat all donations I make from the date of this declaration as Gift Aid until I/we notify you otherwise.

Signature _____ Date _____

Choose one of the following ways to pay (please tick):

Cheque made payable to 'The Edward James Foundation Ltd'.

Credit / Debit card

Name of cardholder _____

Card No. _____

Expiry date _____ Start date (if applicable) _____

Issue No. (if applicable) _____

Security No. (last 3 digits on reverse of card) _____

Total payment (Friends' membership & donation if relevant) £ _____

Signature _____

Date _____

Thank you for your support.

Please send your completed form (and cheque if relevant) to:

Friends' Office

West Dean College

West Dean

Chichester

PO18 0QZ

If on site you can hand in your form at Student Reception, the Garden Shop or Craft Shop. West Dean – The Edward James Foundation Friends' membership is valid for one year from the date of joining.

FOR OFFICE USE ONLY		EXISTING GARDEN MEMBER/S NUMBER/S and EXPIRY DATE	
ISSUE DATE:		MEMBERSHIP NUMBER:	
EXPIRY DATE:		DATE PAID:	
FORM ENTRY POINT			

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