



**Credition Area**  
**History and Museum**  
**Society**

Hon. Treasurer  
 Alan Sharpe  
 40 Okefield Road  
 Credition  
 EX17 2DL

Supported by: Devon County Council,  
 Credition Town Council and the Downes Trust

Registered Charity No. 1002713

Dear Supporter

Please use the shaded box below to indicate any **donation** you wish to make.

If you wish to pay a membership **subscription** and are willing to pay by Standing Order, this will assist the Society greatly in reducing administration. Please complete the form below and send it to our Treasurer at the address above. Otherwise, use the shaded box below.

Regardless of your contribution, please sign the GiftAid declaration opposite if you are entitled to, as this will significantly improve our financial position

Thank you.

*Giftaid it* If you pay Income Tax, using Gift Aid helps fund the Museum Project and the rest of our work - without costing you any extra!

I would like Credition Area History & Museum Society to reclaim the tax on any qualifying donations made by me until further notice. I confirm that I have paid an amount of UK Income or Capital Gains Tax equal to any tax reclaimed.

Signature .....

Address .....

.....

Date .....

**Donation/Membership subscription to Credition Area History & Museum Society, Registered Charity No. 1002713**

Your name .....

Your address .....

.....

£..... (Please do not forget to enclose your cheque, unless paying by Standing Order).

Tel. No. ....

Email address .....

**Credition Area History & Museum Society - Standing Order Form**

To: \_\_\_\_\_ Bank plc

Bank Address

Please Pay: Lloyds TSB, High Street, Credition Branch. Sort Code: 30.93.14  
 for the Credit of :- Credition Area History & Museum Society, Account No. 3448838

The Sum of (*please tick*)  £12.00 (twelve pounds) annual subscription  
 £ ( *amount in words* )

Commencing 1st ..... 20 and annually thereafter on 1st September until you receive further notice from me/us in writing, and debit my/our account accordingly.

Account Name: Sort Code: Account Number:  
 Your Name: Your Address:

Your Tel. No. Date  
 Signature