

THE EACHSA TRUST 100 CLUB APPLICATION FORM
Please print, complete, send to 29A West Street, Wivenhoe, Essex CO7 9BH

I hereby apply forentry/entries at £5 per month in the EACHSA Trust 100 Club at a cost of £.....per month/£.....per year (delete as applicable). I agree to abide by the Rules of the Club (which can be found at www.eachsa.org) and I agree that, if I win a prize, my name and/or allocated number/s may be put on the EACHSA website.

Please treat as Gift Aid donations all qualifying gifts of money made by me to
THE EACHSA TRUST

Today In the future Please tick both boxes

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCS) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5th April 2008 and 25p of tax on every £1 that I give on or after 6th April 2008.

Donor's details

Title----- First Name-----Surname-----

Full Home Address-----

----- Post Code-----

Signature-----Date-----

E-mail-----Telephone-----

Please notify the charity if you:

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains*

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

STANDING ORDER MANDATE

To: The Manager.....Bank/Building Society

Address.....Post Code.....

Name of Account Holder.....

Sort Code..... Account Number.....

Until further written notice please pay The EACHSA Trust 100 Club

National Westminster Bank: Sort Code 60-06-06: Account number 27981290

The sum of £..... per month/year (delete as applicable) commencing on

Signed.....Date.....

EACHSA reference number.....(for office use only)