

Donation Form

Thank you for supporting NMC. Please fill in both sides of this form and return it by post to: NMC Recordings, St Margaret's House, 21 Old Ford Road, Bethnal Green, London E2 9PL.

Let us know your personal details

Title	Name	Surname
Address		
		Postcode:
<input type="checkbox"/>	I would like to receive NMC's Friends Newsletter by email (please tick)	
<input type="checkbox"/>	I would like to receive NMC's General Newsletter by email (please tick)	
Email		
Phone		
Benefactor & above - I/We would like to be credited in the CD booklet as:		

Please select how you wish to support NMC

<input type="checkbox"/>	Friend: £50 - £99 per year	<input type="checkbox"/>	Benefactor: £100 - £249 per year
<input type="checkbox"/>	Principal Benefactor: £250 - £499 per year	<input type="checkbox"/>	Ambassador: £500 - £999 per year
<input type="checkbox"/>	Producer's Circle: £1,000+ per year		
<input type="checkbox"/>	A one-off donation of £ <input type="text"/>		

Donating through Gift Aid means NMC can claim an extra 25p for every £1 you donate.

This donation goes directly to supporting new music.

<input type="checkbox"/>	<i>giftaid it</i>
I would like to Gift Aid this donation, and any donations I make in the future or have made in the past 4 years to NMC Recordings until further notice.	
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.	
Signature	Date

Please choose
your donation
method

Cheque payable to 'NMC Recordings Ltd' and posted to our address overleaf

Standing Order, please fill in the declaration below and return to NMC

Your Bank/Building Society

Account holding branch

Account name

Sort code

Account number

Payee: NMC Recordings Ltd (Friends Acc.), CAF Bank, West Malling, Kent ME19 4JQ

Sort Code: 40 52 40

Account Number: 00092687

Amount to be debited

£

Date of first payment

D

D

M

M

Y

Y

How often are payments to be made:

Annually

Monthly

Other (please specify)

Please choose one of the two following options:

Until further notice

Until: D D M M Y Y £ (final amount)

D

D

M

M

Y

Y

£

I authorise you to debit this account in accordance with the instructions above.

Signature

Date

Credit or Debit Card, please fill in the details below:

Card number

Expiry date

Issue no. (Maestro only):

CVV code

(last 3 digits on rear of card)

Amount to be debited

£

Cardholder's name

Cardholder's signature