



# HARPENDEN CHILD CONTACT CENTRE

Correspondence: PO Box 475, Harpenden, AL5 9BN Telephone: 07842 167767  
Email: hccc@stnicholasharpenden.org.uk Web: www.stnicholasharpenden.org.uk/hccc

(web: Feb 2010)

## MEMBERSHIP APPLICATION

I wish to become a member of the Harpenden Child Contact Centre:

TITLE: ..... NAME: .....

ADDRESS: .....

POSTCODE: ..... TELEPHONE: .....

MOBILE: .....(optional) EMAIL: .....(optional)

I also wish ..... (name of spouse) to be a member.

**ANNUAL DONATION:** (Minimum £10 per person requested) Please indicate below:

I WISH TO GIVE: £10 £20 £30 £40 £50 Other amount: £..... per year

- Tick as appropriate:
- CHEQUE ENCLOSED (payable to: Harpenden Child Contact Centre)
  - BY STANDING ORDER – I have completed the Banker’s Order Form below.
  - BY STANDING ORDER – Which I have setup myself with my name as reference.  
(Date of first payment: ...../...../ 201.....; and thereafter annually on 1<sup>st</sup> January.)

Signed: ..... Date: .....

### **BANKER’S ORDER FORM:**

I (insert your full name) ..... of the above address request you to pay **HSBC (40-23-11)**, 1 High Street, Harpenden, Herts. AL5 2RS for the credit of **HARPENDEN CHILD CONTACT CENTRE**, Account number: **11482769**

The sum of (amount in figures) £ ..... (amount in words) ..... pounds

Starting on the .....day of ..... year 201..... and thereafter each year on 1<sup>st</sup> January.

To: (name of your bank)..... Branch Sort Code: .....

Branch Address: .....

Account Name: ..... Account Number: .....

Signed: ..... Date: .....

### **GIFT AID DECLARATION TO THE HARPENDEN CHILD CONTACT CENTRE:**

Please treat all my donations until further notice as Gift Aid donations:

Signed: ..... Date: .....

Note that you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the HCCC will reclaim on your donations in the tax year. You must inform the HCCC if your circumstances change.

**Please return this form to: HCCC Treasurer, c/o PO Box 475, Harpenden, AL5 9BN**