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The Southern Uplands Partnership is a membership organisation and depends on subscriptions for a significant part of its core funding. Members elect the Directors,

receive regular newsletters and play a major role in determining priorities.

|  |  |
| --- | --- |
| **Membership category** | Insert X in box |
| Individual member |  |
| Group member |  |

|  |  |  |
| --- | --- | --- |
| **Subscription category** | Rate (per year) | Insert X in box |
| Individual waged | **£24** |  |
| Group (voluntary group/community council) | **£50** |  |
| Group (National/corporate body) | **£120** |  |
| Patron | **£500** |  |
| Corporate | **£1,000** |  |

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| **Methods of Payment** | |  | Insert X in box |
| Standing Order | | Please complete the attached form and send to your Bank |  |
| Online Banking / BACS / Faster Payment | | Please credit Southern Uplands Partnership  **Account No. 00116686, Sort Code 80-06-88**  Bank of Scotland, 3 Channel St, Galashiels |  |
| MyDonate | [C:\Users\robadsjnr\Desktop\picture.jpg](https://mydonate.bt.com/charities/thesouthernuplandspartnership) | To donate online, hold Control and click on the MyDonate button |  |
| Cheque | | Please make payable to ‘Southern Uplands Partnership’ and enclose with this form |  |

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| --- | --- | --- | --- | --- |
| **Contact Details** | | | | |
| Full Name |  | | |
| Address |  | | |
| Postcode |  | Telephone |  |
| Email Address |  | | |

Data Protection - The information provided on this form will be used only for the purposes of SUP membership and communications and will not be disclosed to any other party.

**Please complete and return this form by email to** [**sheila@sup.org.uk**](mailto:sheila@sup.org.uk) **or by post to:**

Registered Office: **Studio 2, Lindean Mill, Galashiels, TD1 3PE.** Telephone01750 725154

Company No. 200827. Charity No. SC029475. Registered in Scotland.

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| **GIFT AID DECLARATION** |  | |  | | |

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| --- | --- | --- |
| Name of Charity | **The Southern Uplands Partnership** | |
| **PLEASE TICK ALL BOXES YOU WISH TO APPLY:** | | Insert X in box | |
| **Please treat as Gift Aid Donations all qualifying gifts of money made:** | |  | |
| Today | |  | |
| In the past four years | |  | |
| In the future | |  | |

**Declaration**

I confirm that I have paid, or will pay, an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the Charities that I donate to will reclaim on my gifts for that tax year. I understand that the Charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p on every £1 that I give on or after 6 April 2008.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donor Details** | | | | |
| Full Name |  | | |
| Home Address |  | | |
| Postcode |  | Telephone |  |
| Signature |  | | |
| Date |  | | |

Please notify The Southern Uplands Partnership 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.*

**Please complete and return this form by email to** [**sheila@sup.org.uk**](mailto:sheila@sup.org.uk) **or by post to:**

Registered Office: **Studio 2, Lindean Mill, Galashiels, TD1 3PE.** Telephone01750 725154

Company No. 200827. Charity No. SC029475. Registered in Scotland.

**STANDING ORDER MANDATE**

|  |  |
| --- | --- |
| **To My Bank Manager** | |
| Name of Your Bank |  |
| Address of Your Bank  Postcode |  |
| Name on Your Account |  |
| Bank Account Number |  |
| Sort Code |  |
| **Please pay by Standing Order, cancelling any previous instructions regarding this payee** | |
| Payee Account Name | **The Southern Uplands Partnership** |
| Payee Account Number | **00116686** |
| Payee Sort Code | **80-06-88** |
| Payee Bank Name | **Bank of Scotland, 3 Channel Street, Galashiels** |
| Payment Amount | **£** |
| Payment Amount in words |  |
| Payment Date | **1st October** |
| Frequency | **Annually** |
| Signature |  |
| Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Details** | | | | |
| Full Name |  | | |
| Home Address |  | | |
| Postcode |  | Telephone |  |

**Please complete and send this form to your Bank**