ADOPTION FORM AND PAYMENT DETAILS

CHOOSE YOUR PONY

Chosen Pony:.....

COMPLETE THE **PAYMENT OPTION /STANDING ORDER** SECTION

MEMBERSHIP OPTIONS - BECOME A:

- ☐ **Pony Friend** - £20 per year (£20 single payment)
- ☐ **Pony Champion** - £4 per month (£48 single payment)
- ☐ **Pony Guardian**- £10 per month (£120 single payment)

Starting on: .....
(Write date allowing 20 days lead time)

☐ Please **Auto Renew** my membership after 12 months.

Pay to:
Bank: **HSBC**
Sort Code: **40-16-01**
Account No: **31246682**
Account Name: **Clwyd Special Riding Centre**

Ref: **ADOPT_YOUR SURNAME**

From:
Bank Name:
.....

Address of Bank:
.....
.....
.....

Account Name:
.....

Sort Code: __ __ / __ __ / __ __

Account Number: __ __ __ __ __ __ __ __

Signature:.....

Date: .....

OPT IN TO STAY IN TOUCH

We would love to keep you updated with everything happening at Clwyd Special Riding Centre. **Yes!** Please send me communications inc. membership benefits:

☐ email ☐ phone ☐ post ☐ text

Return the form to: Clwyd Special Riding Centre, Llanfynydd, Wrexham, LL11 5HN.
Email: info@clwydspecialridingcentre.co.uk

TELL US ABOUT YOU

Title: ..... First Name: .....
Surname:.....
Address:.....
.....
.....
Postcode: .....
Phone Number: .....
Email address:
.....

☐ I wish my membership to remain anonymous.

BUYING AS A GIFT?

Tell us who you would like the card to be addressed to and if you would like it sending direct to them (with a note of whom the gift is from). Please provide their name and address below:

Title: ..... First Name: .....
Surname:.....
Address:.....
.....
.....
Postcode: .....
Phone Number: .....
Email address:
.....

SIGN THE **GIFT AID** DECLARATION

Boost your donation by 25p for every £1 given.
Gift Aid is reclaimed by Clwyd Special Riding Centre from the tax you pay for the current year.

☐ **Tick to agree to Gift Aid** giftaid it

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay any difference. I want to Gift Aid this donation and any donations I make in the future or have made in the past four years.

Signature: .....

Date: .....