

Roses Theatre Seat Donor Form

Name _____

Address _____

Postcode _____

Email _____ Phone _____

Please circle: 1 seat @ £150 or 2 seats @ £250

Please make your cheque payable to Roses Theatre Trust

We can claim Gift Aid on your donation if you are a UK tax payer. Please tick here ___

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To qualify for Gift Aid you must pay an amount of income tax and/or capital gains tax at least equal to the tax that we reclaim on your donations in the appropriate tax year (currently 25p for each £1 you give).

OR pay by Mastercard/Visa

Card number ____ / ____ / ____ / ____

Expiry Date __ / __ Last 3 Digits of Security Code ____

Please return this completed form to:

Gill Powell, The Roses Theatre Trust, Freepost SWC1563
Sun Street, Tewkesbury, Gloucestershire, GL20 5NX