## Support our future

**Application Form** 

Title: Full name:		
Address:		
Postcode:		
Email:		
Phone:		
BECOME A FRIEND I would like to become a Friend at	the following level (tick)	
Bronze Friend (£40)	Silver Friend (£120)	Gold Friend (£240)
Monthly Standing Order	Annual Standing Order	Single Payment
BECOME A MUSICAL SUPPORT	ER	
I would like to become a Musical S	Supporter (from £500 please tick)	
Donation Amount:	£	
Chosen area of support:		
HOW TO PAY (Please Gift Aid yo	ur donation overleaf)	
•	lease complete the form overleaf and tid	ck this box)
I enclose a cheque for (made pay	yable to Cornwall Music Service Trust)	£
I would like my name to be ackn	owledged in future programmes and	online (tick)
I would like to receive invites, no	ews and updates via email from CMS	T (tick)

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**Standing Order** To: The Manager (Name of your bank) Branch Address (please complete in full) Postcode: Please pay: Barclays Bank plc, Truro Branch, Sort Code 20-87-94 For the credit of: Cornwall Music Service Trust, Account Number 43781631 The sum of £ Commencing on (date) And on this date each **month/year** until further notice (circle as appropriate) From my account: Account Name

Account number		
0-40-4-		
Sort Code		
Print Name		
Signed	Date	



I have ticked the box to the right to confirm I would like Cornwall Music Service Trust to reclaim tax on any membership fees paid from the date of signing this document. I confirm that I pay income tax or capital gains tax at least equal to the tax reclaimable by the charity on the donation.

PLEASE TICK

Return completed forms to: Development Office, CMST, Truro School, Trennick Lane, TRURO TR1 1TH