 **Please enrol me/us as**

**Friends of University Art and Music (Leeds)**

Name/s ……..............................................................................................

Home address ............................................................................................

………………………………………………. Post Code ........................

Tel ..............................................\*Email ...................................................

\* Please include an email address if you are happy for us to use it for future correspondence.

**Subscription Rates** **2025 (valid from 1 January to 31 December 2025)**

(Please tick as appropriate)

□Single subscription £28 □Double subscription £42

□Life membership single £380 □ Life membership double £570

□Students and those aged under 30 £10

I enclose my/our subscription of £.............

Please accept my/our donation of £.............

I enclose a cheque payable to **FUAM (Leeds)** for £.............

**---------------------------------------------------------------------------------------------------------------**

**GIFT AID -** As a registered charity (no. 1094566) we can increase the value of your gift via the Gift Aid Scheme. If you are a UK tax payer and are happy for us to do this please complete the declaration below

**DECLARATION – for past, present and future donations**

Please tick all statements you wish to apply.

Please treat as Gift Aid donations all qualifying gifts of money made:

Today □ In the past four years □ In the future □

□ I/we confirm that I/we have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (normally 6 April to 5 April) that is at least equal to the amount of tax that all the charities, or Community Amateur Sports Clubs (CASCS) that I/we donate to, will reclaim on my gifts for that tax year.

□ I/we understand that other taxes, such as VAT and Council Tax, do not qualify.

□ I/we understand that FUAM will reclaim 25p of tax on every £1 that I/we give in the period indicated above.

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

 **Please return this form to: The Membership Secretary (FUAM)**

**10, Helmsley Drive, LEEDS LS16 5HY**