

B2 NAME A SEAT



Full name(s): _____

Address: _____

Postcode: _____ Telephone Number: _____

Email: _____

I would like to support the Belgrade Theatre by: *(please tick all the boxes that apply)*

• **Naming a B2 Seat** **£100** **Number of Seats =** _____ **x £100 =** _____

Inscription to appear on seat plaque(s): _____
(up to 40 characters on each plaque)

If you wish your support to remain anonymous, please tick this box

In order to acknowledge your support, please state the name you wish to be used in publication and on our website:

Unless explicitly stated below, your donation will be used for the area of our charitable work most in need of support.

Payment method:

I enclose a cheque made payable to Belgrade Theatre Trust for the amount of £ _____

I wish to pay by Standing Order and have completed the separate form

I wish to pay by credit or debit card and will phone **024 7684 6750** to make the payment

Consent Settings

We will use the contact details provided on this form to administer your donation, which includes; updates on how your donation is making a difference .

From time to time we would also like to contact you to keep you up to date on other ways you can support the theatre's fundraising, for which we require your consent. This consent will last for the duration of your support and you may change it at any time.

Please tick the relevant boxes to show your consent to being contacted by **POST** **EMAIL** **PHONE**

Please tick ONE box to advise us of your Gift Aid wishes;

I confirm I wish to Gift Aid **just this** donation to the Belgrade Theatre Trust

I confirm I wish to Gift Aid **this donation** and **any donation made in the last 4 years** to the Belgrade Theatre Trust

I confirm I wish to Gift Aid **this donation, all past donations and all future donations** to the Belgrade Theatre Trust

I confirm that I am **NOT** eligible for Gift Aid

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I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. 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 notify the charity if you: want to cancel this declaration; change your name or home address; or no longer pay sufficient tax on your income and/or capital gains.

For further information please go to: <http://www.belgrade.co.uk/support-us/make-a-donation>

The Small Print: Seats are for 10 years and specific seats can only be named on the B2 balcony. Seats are non-refundable. Donor acknowledgement will be made on a balcony B2 seat of the donors choice subject to availability Payments can be spread over 10 months and donations are classed as unrestricted (towards our general charitable work) unless informed otherwise by the donor on this form.

Signature: _____ **Date:** _____

Please either return this form to **Box Office**, send via email to nameaseat@belgrade.co.uk or post to:
Development, Belgrade Theatre, Belgrade Square, Coventry, CV1 1GS

Standing Order Mandate



I wish to make a payment of £ _____ a month/year *(please circle)* through Standing Order

For the purpose of: **B2 NAME A SEAT**

To the Manager of (fill in the name of your bank):

Bank's Address: _____

Post Code: _____

Please pay to the Belgrade Theatre Trust (Coventry) Ltd
Sort Code 56-00-45
Account No 46376208
National Westminster Bank, 24 Broadgate, Coventry, CV1 1ZZ

for the credit of the sum of £ _____

every month *(please circle)* commencing ____/____/20____ *(day/month/year)*

for a total of _____ payments* (up to 10 payments)

resulting in a total amount of £ _____*

*leave blank if continuous payment with no specified end date

Account No: _____ Sort Code: _____

Payment Reference: _____ (to be completed by the Belgrade)

Name:

Signature:

Date:

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