

FRIENDS OF THE INNISKILLINGS MUSEUM
APPLICATION FORM

Title _____ First name _____

Surname _____

Address _____

Postcode _____

Email address _____

Telephone _____

I wish to join the Friends of the Inniskillings Museum

Signed _____

Date _____

*Please return your completed application form to the Inniskillings Museum,
Enniskillen Castle, County Fermanagh, Northern Ireland, BT74 7HL.*

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GIFT AID DECLARATION

I am a UK Taxpayer. I want you to treat all donations which I make to the Inniskillings Museum from this date and until I notify you otherwise as GIFT AID DONATIONS.

Signed _____

Date of Declaration _____

By signing this declaration, you are authorising us to reclaim the basic rate of tax on your donations. You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that we reclaim.

Please notify us if you change your name or address while the Declaration is still in force. You may cancel this declaration at any time by notifying us. It will not then apply to any further payments you may then make.



FRIENDS OF THE INNISKILLINGS MUSEUM
BANK STANDING ORDER

To _____ (Your Bank)

(Bank Branch Address)

Please pay to: DANSKE BANK Branch, 24 Townhall Street, Enniskillen, County Fermanagh, Northern Ireland, BT74 7BB (Sort Code 95-03-09) for the credit of the Inniskillings Museum (Account 21091719) the sum of:

£ _____

now and thereafter on 1st May until further notice, the same sum.

Signed _____

Date _____

Printed Name _____

Address _____

Postcode _____

Please bring your completed Standing Order to your Bank Branch.

This cancels any existing Standing Order in favour of the Inniskillings Museum or The Royal Inniskilling Fusiliers Museum.



*The Inniskillings Museum is registered with
The Charity Commission for Northern Ireland NIC100653*