GARDEN MUSEUM

Donation Form

I wish to make a donation to the Garden Museum

		ıntry:
Telephone:	Ema	il:
□ I would like t	his donation to specifically supp	oort:
or		
□ I would like t	his donation to support the Gard	den Museum, rather than a specific project
	Payment	Method:
□ Cheque, pay	yable to 'Garden Museum'	
□ Credit/debi	t card:	
Card number		
		Security code:
Signature:		
□ Bank transfe	er:	
CAF BANK Sort Code: 40-52-40 Account Number: 00017938		Account Name: The Garden Museum
		Reference: Surname and reason for donation
	vorth significantly more to us at no on. <i>Thank you</i> for helping us make	extra cost to you if you agree for Gift Aid to be your gift go further.
giftaid it		hat I have made in the past four years and all future the date of this declaration as Gift Aid donations.
Signature:		Date:

Please return to: Christina McMahon, Fundraising Manager, (address below) or to Christina@gardenmuseum.org.uk