

## Application form

I would like to support the Charterhouse during the coming year by joining the: (please tick one)

Supporters       Associates       Thomas Sutton Circle

I would like to make an additional donation of £ \_\_\_\_\_ towards the work of the charity.

Donor details

Title \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone number \_\_\_\_\_

Friends of the Charterhouse will be acknowledged in relevant literature and online.  
Please state how you would like to be acknowledged, eg Mr and Mrs H Smith

If you would prefer your support to be anonymous, please tick here.

Payment Details

Please read 'Making the most of your support' in our brochure before completing this section, particularly if you wish to pay using a CAF cheque or via a charitable trust or foundation, or if you are a US taxpayer.

I wish to pay (tick one)

By cheque, payable to 'Sutton's Hospital in Charterhouse'

By Credit/Debit card (Mastercard/Visa/Delta/Maestro)

By Direct Debit

Credit/Debit card payments

Please charge £ to my credit/debit card \_\_\_\_\_

Card Number \_\_\_\_\_ Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Security Code \_\_\_\_\_ Issue No (Maestro) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## the Charterhouse

The Development Office, The Charterhouse, Charterhouse Square, London EC1M 6AN

020 7336 7520

development@thecharterhouse.org www.thecharterhouse.org

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