

YOUR DETAILS

TITLE:

FORENAME/INITIALS:

SURNAME:

ADDRESS:

POSTCODE:

TELEPHONE (DAY/EVE):

EMAIL:

NAME A SEAT DETAILS

I wish to name seat(s) in the Circle/Stalls (PLEASE DELETE AS APPROPRIATE)

PLEASE CAREFULLY WRITE IN CAPITALS THE TEXT YOU WISH TO BE DISPLAYED. YOUR CHOSEN INSCRIPTION CAN BE UP TO 10 WORDS IN LENGTH.

Tick this box if this is a gift

PAYMENT DETAILS

The cost to name a seat in our auditorium is £250, and your plaque will be displayed for 10 years.

I wish to pay £ in TEN INSTALMENTS by Direct Debit (PLEASE COMPLETE FORM OVERLEAF)

I enclose £ by CHEQUE made payable to Birmingham Hippodrome

I wish to pay £ by CREDIT/DEBIT CARD (PLEASE CONTACT ME TO TAKE MY PAYMENT.)

Please include an additional donation of £ with my payment

GIFT AID DECLARATION If you are eligible for Gift Aid, please sign the declaration below to increase your support at no extra cost to you.

giftaid it

I am a UK Tax Payer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. I want to Gift Aid my donation of and any donations I make in the future or have made in the past four years to Birmingham Hippodrome Theatre Development Trust. Your address is needed to identify you as a UK tax payer. Please notify us if you want to update your personal details or tell us of a change to your tax status.

SIGNATURE:

DATE:

Please fill in the whole form using a ball point pen and send it to:

Name A Seat
Birmingham Hippodrome
Hurst Street
Southside
Birmingham
B5 4TB

Instruction to your Bank or Building Society to pay by Direct Debit

ORIGINATOR'S IDENTIFICATION NUMBER:

8 | 3 | 0 | 9 | 0 | 8

NAME(S) OF ACCOUNT HOLDER(S):

REFERENCE (to be completed by Birmingham Hippodrome):

| | | | | | | | |

BRANCH SORT CODE:

| | | | | |

BANK/BUILDING SOCIETY ACCOUNT NUMBER:

| | | | | | | |

Instruction to your Bank or Building Society

Please pay Birmingham Hippodrome Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct debit Guarantee. I understand that this Instruction may remain with Birmingham Hippodrome and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

TO: THE MANAGER
BANK/BUILDING SOCIETY:

ADDRESS:

POSTCODE:

SIGNATURE(S):

DATE:

(To be completed by Birmingham Hippodrome)

BOOKING REF:

EXPIRY DATE:

PROCESSED BY:

DATE PROCESSED:

Please read this guarantee information before signing. A copy of this will be sent to you for your records.

The Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Birmingham Hippodrome Theatre will notify you ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Birmingham Hippodrome Theatre or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

