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Email: info@bugatti-trust.co.uk
Website: www.bugatti-trust.co.uk
A Charitable Trust for the advancement of education through the study of the works of Ettore Bugatti

APPLICATION FORM for MEMBERSHIP 2016

I hereby apply to become a member of the Bugatti Trust, formally known as Bugatti Molsheim Limited. I acknowledge that as a member I will be liable to contribute to such a company a sum of not exceeding GBP £1 (One pound sterling) in the event that the company is wound up and cannot meet its liabilities.

Membership Categories (*please tick as required*):

a. ☐ Single Annual Membership UK & Overseas **£42** (minimum donation - year runs from Jan to Dec)

b. ☐ Single Life Membership **£1,000** (minimum donation)

Payment methods at bottom of page. Due to high bank charges the Bugatti Trust does not accept foreign cheques or currency.

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS TO UPDATE OUR RECORDS

Title ……. Full Name …….

Address ……

…… Post Code …… Country ……

Tel (Home) ……. Tel (Business) …….

Mobile ……. ……... E.Mail ……..

Applicant's signature ……. Date ……

UK Tax Payers Only:

GIFT AID DECLARATION – for past, present & future donations

Please treat as Gift Aid donations all qualifying gifts of money made:

Today ☐ ***In the future*** ☐ ***Please tick the box you wish to apply***

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities and Community Amateur Sports Clubs (CASC's) that I donate to will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature of Donor:- ……

PLEASE SIGN AND POST OR E-MAIL THIS FORM TO THE SECRETARY AT THE ABOVE ADDRESS

Founder: H G Conway CBE Bugatti Molsheim Ltd. Reg. Office as above. Company Regn. No. 2180021. Charity Regn. No. 298099

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*I enclose a cheque (UK bank only)/*Please charge my credit/debit card *Visa/MasterCard. Are you happy for the Bugatti Trust to securely retain your card details for future transactions? YES/NO* *(*Delete as appropriate).*

Card Number ……/...../……/…… Start Date ……/……. Expiry Date ……../……..

Issue No…….. (if applicable) Security Code: ……. (last 3 digits reverse of card)

Name on Card …… Signature of card holder ……..