

# *Subscription Form*

TO: MRS E.J. HACKET PAIN  
HON. SECRETARY  
THE FATHER IGNATIUS MEMORIAL TRUST  
DIXTON LODGE  
HADNOCK  
MONMOUTH  
NP25 3NQ

Please put my name on the mailing list for the next  
Father Ignatius Memorial Trust Newsletter.

I enclose a donation of .....\* to cover the cost of  
printing and mailing, and to help the work of the Trust.

*\*Please leave this section blank if you make regular donations  
by Banker's Order and / or Deed of Covenant.*

Signature .....

Date .....

*Please complete your name and address below:*

Name .....

*Please indicate Mr., Mrs., Miss or other title, and give initials.*

Address .....

.....

.....

..... Post Code .....

# *Gift Aid Declaration*

# *The Father Ignatius Memorial Trust*

DONOR'S FULL NAME

*Charity Commissioners'  
Registration No. 253225*

Title ..... Forenames .....

Surname .....

Address .....

.....

.....

..... Post Code .....

All donations that I make to the Trust  
on or after the date of this declaration,  
I wish to be treated as GIFT AID donations.

Signature .....

Date .....

There will be no requirement  
for periodical renewal of the declaration.  
Income Tax or Capital Gains Tax equal to the tax  
that will be reclaimed on the donation,  
must have been paid by the donor  
at the current statutory rate.

Please notify the Secretary  
if Income Tax ceases to be paid.