

NAME A SEAT

Please complete this form and return to the address overleaf.

YOUR DETAILS

SIGNATURE:

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 DE	TAILS						
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 wish to pay	L	III TEN INSTALIVENTS DY DITECT DEDIT (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 your							
declaration below to increase your support at no extra cost to you.							
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.							

DATE:





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

> Name A Seat Birmingham Hippodrome

Instruction to your Bank or Building Society to pay

Southside Birmingham B5 4TB			by Direct Debit ORIGINATOR'S IDENTIFICATION NUMBER: 8 3 0 9 0	0 8	
NAME(S) OF ACCOUNT HOLDER(S)	:		REFERENCE (to be completed by Birminghan	n Hippodrome):	
BRANCH SORT CODE:			Instruction to your Bank or Building S Please pay Birmingham Hippodrome D		
BANK/BUILDING SOCIETY ACCOUN	IT NUMBER:		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: TO: THE MANAGER BANK/BUILDING SOCIETY:	ess of your Bank or Build				
ADDRESS:					
			SIGNATURE(S):		
POSTCODE:			DATE:		
TOSTOODE.			DAIE.		
(To be completed by Birmingham Hippodrome)					
BOOKING REF:	EXPIRY DATE:	PROCESSED BY:		DATE PROCESSED:	
Diago	io guarantae informatiaa	h - f i i	A		

The Direct Debit Guarantee



- 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.