

Name a Seat Order Form

Title _____ Forename _____ Surname _____

Address _____ Postcode _____

Phone (home) _____ (work) _____

Mobile _____ email _____

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I would like to Gift Aid my donation Taxpayer's name Date

I am a UK taxpayer and consent to the Lyric Theatre claiming Gift Aid on my behalf on all qualifying donations since 6 April 2000, and all donations from the date of this declaration until further notice. I understand that I must pay an amount of UK income tax or capital gains tax equal to the tax deducted from my donation.

Signed _____ Date _____

Number of seats:

I would like to reserve _____ seat(s) for naming as a personal donation at £500 each

I would like to reserve _____ seat(s) for naming as a corporate donation at £1,000 each

Payment Method:

BY CHEQUE (made payable to Lyric Theatre Development Fund)

BY CREDIT CARD delete as appropriate (VISA/MASTERCARD/SWITCH/DELTA/ACCESS/AM EXPRESS)

Card No. Expiry Date __ / __ Start Date __ / __

Security Code ___ (Last 3 numbers on back on credit card) Issue No. (Switch only) _____

VIA INSTALMENTS BY STANDING ORDER:

Standing Order Declaration

To The Manager of (your bank name)

Address Postcode

Please pay to: Bank of Ireland, University Road, BELFAST BT7 1NH the sum of _____ monthly for _____ months (maximum allowable 10 months) for the credit of:

Lyric Theatre Development Fund Sort Code 90-02-95 Account Number 94388690

Please make the first gift on __ / __ / __ (This should be at least one month ahead of today's date)

My Account Name Account No. Sort Code

**PLEASE DO NOT SEND THIS TO YOUR BANK. RETURN THE ENTIRE FORM TO:
DEVELOPMENT OFFICE, LYRIC THEATRE, FREEPOST BE567, 55 RIDGEWAY STREET, BELFAST BT9 5FB**