



## Folkestone Museum

### Donations Form

I would like to make a single gift of:

£5     £10     £20     £50     Other amount £ \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Method of Payment

Credit/Debit Card

Cheque (Made Payable to Folkestone Town Council)

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVC (3-digit from back of card): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your support

I would like to receive more information about becoming a member

We would like to keep you informed about news and developments please indicate by ticking the box below if you do not wish to receive further information from Folkestone Museum.