



## FRIENDS OF THE GUARDS MUSEUM ENROLMENT FORM

**Please complete/delete \* as appropriate**

Title, Initials, Name, Decorations: .....

Address: .....

.....

.....

Post Code: .....

Telephone Number: .....

E-mail Address: .....

\* I wish to become a Life Member of the Friends of The Guards Museum and enclose a cheque for:

..... (min £500) made payable to **“Household Division Funds (Friends of the Guards Museum)”**  
or will gift a “qualifying investment” (min value £500) about which I attach details.

\* I wish to become a Friend of The Guards Museum and enclosed a completed annual / quarterly / monthly  
banker’s standing order for ..... (min value £35 p.a.).

\* I wish to become a Friend of The Guards Museum but am unable/do not wish to complete a banker’s  
standing order. I enclose a cheque for ..... (min £35p.a.) made payable to:  
**“Household Division Funds (Friends of the Guards Museum)”**  
or (if completing the form in the Museum) I enclose an envelope with ..... in cash.

### GIFT AID DECLARATION

I wish this donation and all donations I make hereafter to the “Household Division Funds (Friends of the  
Guards Museum)” to be treated as Gift Aids donations. I confirm that I am a UK taxpayer and the tax I pay  
will be at least equal to the tax that the Guards Museum Trust may reclaim unless I notify you otherwise.

Signature: ..... Date: .....

On completion of this form, please forward it in the envelope provided, together with any accompanying  
Bank Standing Order, to: The Curator, The Guards Museum, Wellington Barracks, Birdcage Walk, London, SW1E 6HQ.



**FRIENDS OF THE GUARDS MUSEUM**  
**BANK STANDING ORDER**

**Please address to your bank:**

Name of Bank: .....

Address of Bank: .....

.....

.....

Post Code: .....

Sort Code (of your Bank): .....

**Please pay to:**

Lloyds TSB Bank plc, Cox's & King's Branch, PO Box 1190, 7 Pall Mall, London, SW1Y 5NA  
(Sort Code 30-11-75) For the credit of The Guards Museum Trust Fund (Account No 01045875)

the sum of £ ..... (Figures & Words)

on ..... (Date of first payment)

and annually / quarterly / monthly on the same day thereafter ..... (Delete as required)

Charging such payments to my Account Number:

Signature: ..... Date: .....

Name: .....

Address: .....

.....

Post Code: .....

On completion, please forward this form, together with your enrolment form, to:  
The Curator, The Guards Museum, Birdcage Walk, London SW1E 6HQ