

Six Counties Kidney Patients Association
Reg Charity No. 282361

MEMBERSHIP FORM & GIFT AID

Name

Address

.....

.....Post Code

Email address

Telephone no.

Are you: not yet on dialysis on haemodialysis

a transplanted patient on CAPD a relative or friend.....

I enclose cheque or postal order for £

Please make payable to

The Six Counties Kidney Patients Association

For a receipt, please enclose a stamped addressed envelope

GIFT AID DECLARATION

I confirm I have paid or will pay an amount of Income tax and/or capital gains tax for each year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will claim 25p of tax on every £1 that I give on or after 2008.

N.B. There is no need to split the subscription and donation.

SIGNATURE DATE

Thank you for joining us.

Please send this form to: Mrs Sheila Otway
66 Weyland Road, Headington, Oxford, OX3 8PD