



Donation Form

I would like to make a donation to support **ENDOMETRIOSIS UK**:

Your name:
<i>Please supply your HOME address including postcode – this is necessary for us to claim back the tax on your donation.</i> Address: Postcode:
I would like to make a donation of £
This donation is: <input type="checkbox"/> Personal <input type="checkbox"/> Raised through fundraising/sponsorship (please specify) _____ <input type="checkbox"/> Other (please specify) _____
Please tick here if you would like an acknowledgement of your donation <input type="checkbox"/>
I would like to donate by: Credit card <input type="checkbox"/> (please fill in part A below) Cheque <input type="checkbox"/> (please go to part B below)
A. We can accept the following cards: Mastercard, Visa, Maestro, CAF Credit card no: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Issue no (maestro cards): _ _ Expiry Date: _ / _ / _ _ Start Date (if applicable) _ / _ / _ _ Security code: _ _ _ (last 3 digits on back of card) Signature (if sending form by post: _____ Date _ / _ / _ _
B. Please make cheques payable to: Endometriosis UK and send together with this form to the address at the bottom of this page
GIFT AID: If you are a UK tax payer, we can claim back the tax on your donation, at no extra cost to you. <i>I want Endometriosis UK to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm that I pay income or capital gains tax at least equal to the tax reclaimed by Endometriosis UK on my donations in the tax year.</i> <input type="checkbox"/> Date: _ / _ / _ _

When completed, please return this form to:

Endometriosis UK, 50 Westminster Palace Gardens, Artillery Row, London SW1P 1RR
Tel: 020 7222 2781 Fax: 020 7222 2786

Website: www.endometriosis-uk.org

providing support increasing understanding

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