

**Date:** \_\_\_\_\_

By being a member of Endometriosis UK, you will be leading the direction for change; making your voice louder and our impact greater.

**Your details**

Name			
Address		Postcode	
Phone number		Mobile number	
Email			

**Instruction to your Bank or Building Society**

Please pay Charities Aid Foundation Direct Debits from the account details in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Charities Aid Foundation and, if so, details will be passed electronically to my Bank/Building Society.

**Your bank details**

To	<i>The Manager</i>		
Bank/Building Society			
Address		Postcode	
Bank/Building Society Account Number		Branch Sort Code	
Service User Number (Office use only)	<i>6 9 1 2 1 3 - CAF, Kings Hill, West Malling, Kent, ME19 4TA</i>		

**Payment Details – IMPORTANT**

I would like to pay £15 annually for my membership renewal, commencing 1<sup>st</sup> of the month  or 15th of the month

On top of my membership payment, I would like to make an additional yearly donation of £\_\_\_\_\_ to support the vital work of the charity.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Direct Debit Guarantee**

This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit, Charities Aid Foundation will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Charities Aid Foundation to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by Charities Aid Foundation or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Charities Aid Foundation asks you to. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.

**Gift Aid Declaration - (Please tick to indicate your eligibility)**

Please tick here  to claim Gift Aid on all qualifying gifts of money made today/ in the past 4 years/ in the future **(please delete those that do not apply)**

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I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax 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 reclaim 25p of tax on every £1 that I give and that Gift Aid cannot be claimed where my family or I receive a personal benefit. Please **notify** Endometriosis UK if you 1) Want to cancel this declaration, 2) Change your name or home address, 3) No longer pay sufficient tax on your income and/or capital gains.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_