

Six Counties Kidney Patients Association

Reg Charity No. 282361

MEMBERSHIP FORM & GIFT AID

For year September 2007 to August 2008

Name

Address.....

..... Post Code

Telephone no

Are you

on haemodialysis

a relative or friend

I enclose cheque or postal order for £

Please make payable to

The Six Counties Kidney Patients Association

GIFT AID DECLARATION

I am a Taxpayer (The scheme only applies to UK taxpayers)

I want the charity to treat [please tick as appropriate]

1. The enclosed donation of £..... as a Gift Aid donation

2. All donations I make from this date, until I notify you otherwise, as a Gift Aid donation

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

SIGNATURE DATE

Autumn 2007

Thank you for joining us.

Please pass your completed form and your payment (cheque or cash) to Belinda Robinson (or via the nursing staff if you don't see Belinda).

Belinda will send all the payments/forms off together in mid-December.