

Donation form



I enclose a gift in cash / cheque made payable to the Brain & Spine Foundation of:

- £10 to help towards the cost of paying for a helpline call.
- £20 to help towards the cost of one Helpline Officer to work on the helpline for one entire hour.
- £50 to go towards sending vital information resources to people who need them.

Other amount £ _____

Please provide your name and address below if you are enclosing a cheque.

Name: _____

Address: _____

OR please debit my: Visa / Mastercard / Maestro / CAF CharityCard (please circle)

Cardholder's name: _____

Cardholder's house number: _____ Postcode: _____

Card number:

Expiry date: _____ Security code (3 digit number at the back of the card): _____

Cardholder's signature: _____ Date: _____

OR I'd like to give a regular gift of £3 | £5 | £10 | £20 | Other £ _____ per month, starting _____ (dd/mm/yyyy) until further notice.

Name of bank or building society: _____ Branch address: _____ _____ _____ Postcode: _____	Name of account holder: _____ Billing address: _____ _____ _____ Postcode: _____
Branch Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Signature
Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date

Instructions to bank or building society

Please pay: Brain & Spine Foundation, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ. Account number: 00026900. Sort code: 40-52-40. Reference: _____ (up to 18 characters)

Are you a UK taxpayer? Would you like to boost your donation with Gift Aid at no extra cost?

See overleaf for details

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Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Please tick to confirm you are a UK taxpayer and fill in the form below.

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to: Brain & Spine Foundation.

Title: _____ First name or initial(s): _____

Surname: _____

Full home address: _____

Postcode: _____

Date: _____

Signature: _____

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Please notify us if you want to cancel this declaration **or** change your name or home address **or** no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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Please return this form to:

Brain & Spine Foundation, FREEPOST RTTC-YYSZ-GRYK, LG01 Lincoln House, 1-3 Brixton Road, London SW9 6DE

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Subscribe to our newsletter:

I would like to receive the Brain & Spine Foundation monthly e-newsletter (I can unsubscribe at any time) and my email address is: _____

Contact details and communications preferences

If you would like to update your contact details, tell us you'd prefer to receive communications by email, or you'd rather not hear from us anymore, please call us on 020 7793 5900 or email info@brainandspine.org.uk



Brain & Spine
Foundation

Registered charity number 1098528



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