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Arthritis Care Donation form

ARTHRITIS CARE
Empowering people with arthritis.

YOUR DETAILS:

Mr/Mrs/Miss/Ms (delete as appropriate)

First Name: Last Name:

Address:

Postcode:

Tel: Email:

I would like to make a donation of £15 ☐ **£45** ☐ **£100** ☐ **other** ☐

I enclose my cheque ☐ **postal order** ☐ **CAF voucher** ☐ **made payable to 'Arthritis Care'**

OR

Please debit my Switch/MasterCard/Visa/Solo/Maestro or Delta (please delete as appropriate)

(Switch/Solo only)

Valid from Expiry date Issue No. 3 digit security code (last 3 digits on signature strip)

MAKE YOUR GIFT WORTH NEARLY A THIRD MORE TO US – AT NO EXTRA COST TO YOU

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If you are a UK taxpayer Arthritis Care can reclaim the tax you have paid on every donation you make. For every £1 you kindly give we can claim up to 28p back from the HM Revenue & Customs at no extra cost to you. **Please tick the box below if you would like Arthritis Care to reclaim the tax on your gift**.

I want all donations to Arthritis Care I have made in the last six years and all future donations to be Gift Aided until I notify you otherwise. Please tick here ☐

To qualify for Gift Aid, what you pay in income tax, the tax paid on any pension or capital gains tax must at least equal the amount claimed in the tax year. If you have any questions regarding your eligibility for Gift Aid, or if your details change, please call Supporter Services on 020 7380 6540.

Signature: Date:

Arthritis Care will keep a record of your details for administrative purposes and to allow us to contact you with more information about our activities and appeals. If you do not wish us to contact you, please tick this box ☐

Please tick here if you would like to receive an acknowledgement ☐

Thank you for your support of Arthritis Care

Please return this donation form to:
Arthritis Care, FREEPOST NAT6531, Crawley, West Sussex RM11 7BR

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