

MEMBERSHIP APPLICATION

www.giveakidney.org

Charity Commission Registration Numbers: 1143576 (England and Wales) and SCO45767 (Scotland).
HMRC Registered Charity: XT28346



Give a Kidney
one's enough

Please complete and return to:

Give a Kidney, 20 Corbyn Street, London N4 3BZ.

Title (Mr/Mrs etc):	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>	
Address	<input type="text"/>				Postcode	<input type="text"/>
Tel	<input type="text"/>	Mobile	<input type="text"/>			
Email	<input type="text"/>	Date	<input type="text"/>			

Please tick as appropriate:

- I am an altruistic donor (donated a kidney to a stranger)
- I am a directed donor (donated to a relative or friend)
- I am a relative of a donor / recipient
- I am a kidney transplant recipient
- I am interested in becoming a kidney donor
- none of the above, but I'd like to support the charity

- I would like Give a Kidney to contact me with news and information relating to its charitable activities. This can be by: Email / Phone / SMS / Post (delete as applicable).

Annual membership fee £25

Suggested member donation: £3.00 per month / £6.00 per month / £10 per month / Other £ _____ per month (please circle as appropriate).

Payment details

I will be paying as follows:

- By standing order - please complete details on the lower part of this form
- By credit/debit card through mydonate.bt.com website from (date)

Gift Aid Declaration

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By ticking this box, I confirm that I would like Give a Kidney to claim Gift Aid on my donation and any donations I make in the future or have made in the past four years.

I confirm that I am a UK Income or Capital Gains Tax payer and understand that if I pay less Income Tax than the amount of Gift Aid being claimed on all my donations to charity in each tax year, it is my responsibility to pay any difference. I understand that Give a Kidney will claim 25p of tax on every £1 that I have given.

Date of donation / /

If you pay income tax at 40%, you can claim back the additional tax on your tax return. Please tick here for a receipt:

Standing Order Mandate (please detach and send to your bank)

To: The Manager,

Bank name

Bank address (ie. your bank)

Bank address

Please pay: The Co-operative Bank, P.O. Box 250, Skelmersdale WN8 6WT

For the credit of: Give a Kidney - one's enough **Bank Details:** Account Number 65457889 Sort Code 08-92-99

The sum of: £ *Amount (in words also)*

Commencing on *[Date]* and thereafter on the same day ever calendar month / every year (delete as appropriate) until further notice.

Account to be debited: *Payee bank account name*

Account number: Sort code:

Signature Date:

This Standing Order Mandate supersedes all previous standing orders to **Give a Kidney - one's enough.**