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## Donation Form

Thank you for your donation. By supporting us you are enabling people with and affected by Transverse Myelitis (TM), Acute Disseminated Encephalomyelitis (ADEM) and Neuromyelitis Optica (NMO) to live fulfilling lives.

Please complete this form and return it to the Transverse Myelitis Society, 35 Avenue Road, Brentford, London TW8 9NS.

### 1) About you

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Organisation or local group (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 2) Gift Details

I would like to make a gift of £ \_\_\_\_\_ *Please insert total amount and complete the details below.*

Please select as appropriate:

\_\_\_\_\_ I am donating the full amount now.

\_\_\_\_\_ I would like to give £ \_\_\_\_\_ annually over \_\_\_\_\_ years.

\_\_\_\_\_ My first payment is enclosed (*circle or bold/delete as appropriate*)      Yes      No

If you responded no, please insert intended date of first payment      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please make your cheque or CAF voucher payable to the **Transverse Myelitis Society**.

If you would prefer to donate by standing order, please complete section 4.

### 3) Gift Aid Declaration

I would like the Transverse Myelitis Society to treat the enclosed donation as a Gift Aid donation.

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the Transverse Myelitis Society will reclaim £0.25 of tax on every £1 that I have donated.

Signature \_\_\_\_\_

Name Printed \_\_\_\_\_

Date \_\_\_\_\_

Our work is entirely dependent on fundraising activities and donations. The Transverse Myelitis Society receives no statutory funding. We thank you for your commitment to the TM Society.

**Thank you.**

#### 4) Standing Order Instruction

Please give the following instructions to your bank.

Name of Bank/Building Society \_\_\_\_\_

Address of Bank/Building Society \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_

Please pay from my account £ \_\_\_\_\_ every (circle/delete as appropriate) \_\_\_\_\_ month/quarter/year

Starting on (insert date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ until (please select one option below)

further notice \_\_\_\_\_

OR

this end date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment(s) to be made to the **Transverse Myelitis Society**

Account Number 00015500

Sort Code 40-52-40

Name of Bank & Address CAF (Charities Aid Foundation)

25 Kings Hill Avenue

Kings Hill

West Malling

Kent ME19 4TA

Signature \_\_\_\_\_

Name Printed \_\_\_\_\_

Date \_\_\_\_\_