

Membership Form



Autism
Hampshire

I would like to become a Member of Autism Hampshire for (please tick):

ANNUAL SUBSCRIPTIONS

Single Member £15 per annum £7.50 for 6 months

Member plus spouse or partner £25 per annum £12.50 plus spouse or partner

Mr/Mrs/Ms..... First Name..... Last Name.....

Mr/Mrs/Ms..... First Name..... Last Name.....

*Company Name (Corporate Member Only)

.Contact Name

Address.....

.....Postcode.....

Tel No (Home)..... (Mobile)

Email Address

Date.....

I do not wish to renew my membership—please delete my name from your database

Gift Aid declaration – for past, present & future donations

Please treat as Gift Aid donations all qualifying gifts of money made

today,

in the past 4 years and

in the future.

Please tick all boxes you wish to apply.

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

PLEASE RETURN TO:
MEMBERSHIPS , AUTISM HAMPSHIRE,
1648 PARKWAY,
SOLENT BUSINESS PARK,
WHITELEY, FAREHAM PO15 7AH



Method of Payment



Autism
Hampshire

CHEQUE POSTAL ORDER MASTERCARD/VISA

I enclose **cheque/postal order** made payable to Autism Hampshire for £ being payment for Membership type ticked over page **or** –

Please debit my **MasterCard/Visa** Card for £..... Card Number...../...../...../.....

Expiry Date...../..... Name on Card

Signature of Card Holder Security code.....

STANDING ORDER

Standing Order

If you would like to set up a standing order with your bank please find below our charity bank details:

TO: AUTISM HAMPSHIRE
NATIONAL WESTMINSTER BANK,
1 ROMSEY ROAD BRANCH
SHIRLEY, SOUTHAMPTON.

ACCOUNT NUMBER: 00845671
SORT CODE: 55-50-23

Please put your reference as Membership.

I give my consent to you to use this personal data for the purpose of Autism Hampshire fundraising, events and news.

DATA PROTECTION CONSENT

I am happy for Autism Hampshire to contact me via post to my home address

I am happy for Autism Hampshire to contact me via e-mail

I am happy for Autism Hampshire to contact me via my home number

I am happy for Autism Hampshire to contact me via my mobile number

Thank you for supporting Autism Hampshire