



Your donation can help us change lives Membership subscription – 2016/2017

What will you get?

- Periodic newsletters
- Subscription to our monthly e-newsletters
- Invitations to our events
- Vote for our trustees

Details about you

Title _____ First name _____ Last name _____
Address _____
Telephone _____ Email _____

Please tick where applicable:

I enclose a **cheque** of £ _____ as my membership subscription for the current year (minimum donation towards subscription is £10, cheque payable to **Headway Worcestershire** please).

or

I am setting up a monthly/quarterly/yearly **standing order** to help keep our services available to those who need them.

Gift Aid: For every £1 you give, we get an extra 25 pence from the Government, at *no extra cost to you*.
Please read and sign the declaration below if you qualify.

Declaration: If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Headway Worcestershire 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.

Gift Aid **or** I am not a Tax Payer

Signature _____

Date _____

Form return

Please send the completed form(s) (and payment if applicable) to:
Headway Worcestershire, The Mill, Gregory's Mill Street, Barbourne, Worcester, Worcestershire, WR3 8BA,
FAO Julia Protesaru, Fundraising Manager.

If you are completing a **standing order form**, please **also send a copy to your bank**.

Please note due to costs we do not send receipts for memberships, but you can contact Julia on 01905 729 729 or on fundraising@hwtl.org.uk if you want confirmation.



Worcestershire
Headway
Supporting life after Brain Injury

Your donation can help us change lives
Please use the form below to make a regular donation
Standing order mandate

Your standing order details:

I would like to give a regular gift of £ _____ Monthly Quarterly Yearly Other: _____

Bank name: _____

Bank address: _____ Postcode: _____

Bank account number: Account holder name: _____

Bank sort code: - -

Standing order to start on date: _____ (please allow 14 working days until today's date)

Final payment date: _____ or until further notice (please tick if applicable)

Signature: _____

Date: _____

Gift Aid is applicable to regular donations.

For every £1 you give, we get an extra 25 pence from the Government, at *no extra cost to you*.
Please read and sign the declaration on **page 1**.

I have read the declaration on **page 1** and completed it accordingly.

Our bank details

Bank account name: Headway Worcester Trust Ltd

Bank and branch name: Unity Trust Bank
Nine Brindley Place
Birmingham
B1 2HB

Account number: 20305769

Sort code: 60-83-01

Form return

Please give **this form to your bank**, and send a second copy to Headway Worcestershire at The Mill, Gregory's Mill Street, Worcester, Worcestershire, WR3 8BA, FAO Julia Protesaru, Fundraising manager.

**Thank you for your support towards people affected by brain injuries in
Worcestershire. We couldn't do it without you.**