

Donation Form



I would like to make a donation to LUPUS UK and enclose my cheque/ p.o payable to LUPUS UK.

Title: Mr / Ms / Mrs Address:.....
First name:.....
Surname:
Date of Birth:...../...../..... Postcode:
Email:..... Donation: £.....
Tel:.....

Please take a membership subscription from this donation.

Please tick which membership you require.

Annual Rates

- | | | |
|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | Single Membership | £10pa |
| <input type="checkbox"/> | Joint Membership ** | £15pa |
| <input type="checkbox"/> | Single Overseas Membership | £30pa |
| <input type="checkbox"/> | Joint Overseas Membership** | £40pa |
| <input type="checkbox"/> | Single Digital Overseas Membership | £10pa |
| <input type="checkbox"/> | Joint Digital Overseas Membership** | £15pa |

**both at same address

Please send me the **LUPUS UK Sales Brochure** (containing Christmas cards and gifts) in September each year.

I am happy to be contacted by post and/or email in the future to inform me about **LUPUS UK fundraising events and/or appeals.**

GIFT AID DECLARATION

I wish LUPUS UK to treat any membership fees / donations made by myself as Gift Aid donations

Signature: Date:.....

I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on my donations in the tax year (currently 25p per £1)

PLEASE COMPLETE RELEVANT SECTIONS OF THE FORM AND SEND TO:

LUPUS UK, St James House, Eastern Road, Romford, Essex, RM1 3NH, United Kingdom

Registered Charity No. 1200671