

PAYMENT FORM



I want to:

PLEASE ENTER YOUR NAME AND ADDRESS DETAILS IN THE BLANK BOX (LEFT). FIRST NAME AND POSTCODE REQUIRED FOR VALID GIFT AID DECLARATION

- Become a New Member £20
- Renew my Membership £20
- Make a donation £ _ _ _
- Tick box if NO ACKNOWLEDGEMENT required

PAYMENT BY CHEQUE OR CREDIT CARD

I enclose a cheque/CAF voucher for £ _____ payable to the National Eczema Society

Please debit my: Mastercard Visa Maestro (Switch) Visa Debit CAFCard

Card number:

Expiry date: / Maestro (Switch) Issue No:

Valid from: / Security No:

(Last 3 digits on the signature strip on the reverse of the card.)

Signature _____

Date ___/___/___

GIFT AID

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Please treat as Gift Aid donations all qualifying gifts of money made in the past four years and all qualifying gifts I may make in the future.

I confirm I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year (6 April – 5 April) it is my responsibility to pay any difference.

I understand that the National Eczema Society will reclaim 25p of tax on every £1 that I gave in the past four years.

Signature _____ Date _____

National Eczema Society, 11 Murray Street, LONDON, NW1 9RE : Eczema Helpline 0800 089 1122 : Email help-line@eczema.org : www.eczema.org

The National Eczema Society is a registered charity in England and Wales (number 1009671) and in Scotland (number SC043669) and is a company limited by guarantee (registered in England, number 2685083).