

# Six Counties Kidney Patients Association

Reg Charity No. 282361

## MEMBERSHIP FORM & GIFT AID

For year September 2007 to August 2008

Name .....

Address.....

..... Post Code .....

Telephone no: .....

### Are you

Not yet on dialysis  on haemodialysis

A transplanted patient  a relative or friend

A CAPD patient

I enclose cheque or postal order for £ .....

Please make payable to

*The Six Counties Kidney Patients Association*

(For a receipt, please enclose a stamped addressed envelope)

### GIFT AID DECLARATION

I am a Taxpayer  (The scheme only applies to UK taxpayers)

I want the charity to treat [please tick as appropriate]

1. The enclosed donation of £..... as a Gift Aid donation

2. All donations I make from this date, until I notify you otherwise, as a Gift Aid donation

N.B. There is no need to split the subscription and donation.

SIGNATURE ..... DATE .....

Autumn 2007

**Thank you for joining us.**

Please send this form to **Mrs Sheila Otway,**  
**66 Weyland Road, Headington, Oxford, OX3 8PD**