

Six Counties Kidney Patients Association

Reg Charity No. 282361

MEMBERSHIP FORM & GIFT AID

For year September 2009 to August 2010

Name

Address.....

..... Post Code

Telephone no:

Are you:

Not yet on dialysis On haemodialysis

A transplanted patient A relative or friend

A CAPD patient

GIFT AID DECLARATION

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

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

The enclosed donation of £..... as a Gift Aid donation	<input type="checkbox"/>
All donations I make from this date, until I notify you otherwise, as a Gift Aid donation	<input type="checkbox"/>

I enclose cheque or postal order for £

Please make payable to
Six Counties Kidney Patients Association

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

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

SIGNATURE DATE

Autumn 2009

Thank you for joining us.

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