NASS
National Ankylosing Spondylitis Society

DONATION FORM

Please complete & return to:
NASS
Unit 0.2, One Victoria Villas
Richmond
Surrey TW9 2GW

NASS is working hard to ensure that people with AS are informed and empowered to receive appropriate treatment and care. We can only achieve this with the help of people like you. Please give whatever you can today.

Mr / Mrs / Miss / Ms First Name _____ Surname _____

Address _____

_____ Post Code _____

Telephone _____ Email Address _____

We'd like to keep in touch via email. If you are happy with this please write your email address in the space provided. You can stop receiving emails at any time and we will not share your email address with any other organisations.

I wish to set up a monthly/quarterly direct debit for ☐ £8 ☐ £12 ☐ £24 ☐ Other _____

Please complete the direct debit mandate below.

I enclose a cheque / postal order made payable to 'NASS' for ☐ £25 ☐ £50 ☐ £100 ☐ Other _____

Gift Aid makes every £1 you give worth £1.28 to NASS

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☐ I wish to gift aid all gifts of money that I make today and in the future. I understand that I must pay an amount of income tax and/or capital gains tax in the UK in each tax year (6 April in one year to 5 April the next year) at least equal to the tax that the charity reclaims on my gift for that tax year.

Please notify NASS if you wish to cancel the declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

Tax claimed by NASS:

- NASS will reclaim 28p of tax on every £1 you gave up to 5 April 2008.
- NASS will reclaim 25p of tax on every £1 you will give on or after 6 April 2008
- The Government will pay NASS an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. The transitional relief for NASS does not affect your personal position.

If you pay income at the higher rate, you must include all your Gift Aid donations on your Self Assessment return if you want to receive the additional tax relief due to you.

Direct Debit Mandate
Instruction to your Bank or Building Society

DIRECT Debit

CAF, Kings Hill, West Malling, Kent, ME19 4TA
Service User No 6 8 5 3 1 7

Please send this completed instruction to:

NASS, UNIT 0.2, ONE VICTORIA VILLAS, RICHMOND, SURREY,

CAF Ref No. **FS 1016**

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Bank/Building Society account number

☐☐☐☐☐☐☐☐

Branch Sort Code

☐☐ – ☐☐ – ☐☐

Name and full postal address of your Bank/Building society

To: The Manager

Address

Postcode

Instruction to your Bank or Building Society

Please pay CAF Re NASS debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF Re NASS and if so, details will be passed electronically to my Bank/Building Society

Amount to be debited from my account £_____

Frequency MONTHLY / QUARTERLY

Date of first payment _____ / _____/ _____

Signature _____ Date ____ / ____/ ____

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/ Building Society

Date of first payment on or after:

/ /

Please note: Some banks and building societies may not accept direct debits for some types of accounts.