



Friend Membership

giftaid it

NEURO THERAPY CENTRE MEMBERSHIP SUBSCRIPTION

Registered Charity Number - 700904

Date: []

Title & Full Name: _____

Address: _____

Postcode: _____

Home Phone: _____

Mobile: _____ Date of Birth: _____

Email: _____

Membership Fee:

Individual Member	£10	
One Off Donation		
	Total	

Please make cheques payable to "Neuro Therapy Centre", or pay by cash or card at the Centre

Please circle your tax status: Not a Tax Payer Tax Payer (please complete the gift aid form below)

GIFT AID FORM

Please treat as Gift Aid donations all qualifying gifts of money made (tick all boxes you wish to apply)

today **in the future**

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

Please notify the Charity if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Signature..... **Date**...../...../.....

If you would like information on how to make a regular donation to the Neuro Therapy Centre, please tick here

If you would prefer not to appear in Neuro Therapy Centre photography used to support fundraising and the promotion of the Centre, please tick here

For NTC use:

Paid by: Cash Cheque Card BACS Date of payment: