

CHESTERFIELD & NORTH DERBYSHIRE TINNITUS SUPPORT GROUP

Registered Charity 1188354

34 Glumangate, Chesterfield, Derbyshire, S40 1TX

SUBSCRIPTION FORM FOR NEW MEMBERS

I wish to join the Chesterfield & North Derbyshire Tinnitus Support Group and enclose my subscription:

1 Year membership of support group £10

Optional additional donation £ _____

Total amount enclosed £ _____ Cash/Cheque (delete as appropriate)

Please make cheques payable to Chesterfield & North Derbyshire Tinnitus Support Group or pay online using www.cafonline.org —search the site for Chesterfield Tinnitus. You can also pay directly into our bank account:

Sort code: 60 83 01

Account No: 20447083

Name: Chesterfield & N Derbys Tinnitus Support Group

Name	
Address	
Postcode	
Telephone	
Email	

Age group—for monitoring use only and given voluntarily:

Age Group	Under 20	20-35	36-50	51-64	65+
Please tick					

Gift Aid

I want to Gift Aid the enclosed amount of £ _____ and any donations I make in the future to Chesterfield & North Derbyshire Tinnitus Support Group.

If I have ticked the Gift Aid box I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donations detailed, given on the date shown. I understand that if I pay less Income Tax or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand that the charity will reclaim 25p of tax on every £1 that I have given. Please notify the charity if you want to change this donation, change your name or address or if you no longer pay sufficient tax.

Signed.....

Date.....

Please see reverse for important data protection and return information

Data Protection

In compliance with the 2018 General Data Protection Regulations, we require your written consent for us to keep your details on our mailing list. This is for the purpose of sending you newsletters, fundraising information and other information relating to the group that would be relevant or of interest to you. Your details will remain confidential and will not be passed on to any other organisation.

Without your agreement, we are unable to retain your information on our database.

PLEASE SIGN AND PRINT YOUR NAME IF YOU AGREE:

SIGNATURE.....

PLEASE PRINT.....

Please return this form with your payment to:

Chesterfield & North Derbyshire Tinnitus Support Group
34 Glumangate
Chesterfield
Derbyshire
S40 1TX

No official confirmation will be sent out but receipt of our newsletter will be proof of acknowledgement of your subscription.

Thank you for your support.

Date received:	Date updated database:	Signed: