MEMBERSHIP APPLICATION FORM *for Patients*

giftaid it **Please do not forget to sign the giftaid section**

H·E·A·R·T UK
THE CHOLESTEROL CHARITY

H·E·A·R·T UK, FREEPOST (SCE 12382), Berkshire SL6 1BH
Tel: 01628 777 046 **Fax:** 01628 628 698 **Email** (membership queries): mw@heartuk.org.uk
Email: ask@heartuk.org.uk **Website:** www.heartuk.org.uk

YOUR DETAILS

Title ..... Forename(s) ..... Surname .....

Address .....

..... Postcode.....

Telephone..... Email..... Fax.....

How did you hear about us?.....

CHARGES (Please tick relevant box)

◯ **I wish to make a donation of £**..... (If you pay tax, your donation will be worth an extra 28% to the Charity)

and / or

◯ I would like to apply for membership ◯ I would like to renew my membership:

Patients and Members of the public (non-health Professionals)

◯ **£12** UK (inc Channel Islands) ◯ **£24** Rest of World (inc EU) ◯ **£120** UK Life Membership ◯ **£240** Rest of World Membership

GIFT AID SCHEME - Please do not forget to complete this section. (Please tick relevant box)

giftaid it

◯ **YES** I do pay income/capital gains tax in the UK and I wish H·E·A·R·T UK to reclaim tax on any donations I make or have made since April 2000. I will inform H·E·A·R·T UK if I stop paying UK tax

◯ **NO** I do not pay income/capital gains tax

Signature..... Date.....

If you pay UK income or capital gains tax and you complete this part of the form, any donation you make or have made since April 2000 will be increased by 28% to H·E·A·R·T UK at no cost to you. (Please note the tax you pay must be equal to or more than the tax we reclaim on your donations. For more information please contact Marianne Wightman, Membership Manager, on 01628 628 638).

STANDING ORDER FORM (Please return this form to H·E·A·R·T UK (not your bank); we will insert the reference number and forward it to your bank)

To the manager of ..... Bank / Building Society

Address .....

..... Postcode.....

Sort Code ◯◯ ◯◯ ◯◯ Account Number ◯◯◯◯◯◯◯◯◯◯◯

Account name.....

Please debit my/our Account the sum of **£**..... **ANNUALLY**

Commencing...../...../..... (insert date) until you receive further notice from me/us in writing.
(Please set up your standing order date at least 10 days after today's date to allow time for processing)

The amount is for the credit of:
CAFCASH LTD, Kings Hill, West Malling, Kent ME19 4TA (reference: **H·E·A·R·T UK**) Bank Sort Code: **40 – 52 – 40** Account No: **00008144**

Signaure.....

Office use only/IMPORTANT INSTRUCTION TO BANK: Please quote the following reference on each payment:

PAYMENTS BY CHEQUE, POSTAL/MONEY ORDER OR CREDIT CARD

For office use only

◯ I enclose a cheque for my subscription/donation payable to H·E·A·R·T UK for **£**.....

◯ Credit Card Details (Visa, Master Card or Switch) **£**.....

Card No: ◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯◯ Issue No: (Switch only) ◯ Security Code: (last 3 digits on reverse) ◯◯◯

Card holder name ..... Valid from ...../...../ Expiry date ...../...../

Address (if different from above).....

..... Postcode.....

Please refer overleaf for Health Professionals Membership Form