



REG. CHARITY NO. 1064480

The ITP Support Association

Immune thrombocytopenia

2017 Membership Subscription Form

PLEASE USE THIS FORM TO PAY BY CHEQUE, POSTAL ORDER, OR STANDING ORDER

(CARD AND RECURRING PAYMENTS OR DONATIONS CAN BE MADE VIA OUR WEBSITE www.itpsupport.org.uk)

The annual membership subscription of the ITP Support Association is £10 per annum. Your email and telephone number is requested for our use only and will not be passed to any other organisation. Your address will only be given to the company mailing out The Platelet.

SECTION 1: MEMBERSHIP DATABASE CONTACT INFORMATION *Please complete this section*

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other...					
NAME						
ADDRESS						
ADDRESS						
POSTCODE				TELEPHONE		
E-MAIL						

SECTION 2: PLEASE INDICATE YOUR ITP STATUS *Please tick the appropriate box*

This assists us if we need to produce statistics about our membership for health organisations or pharma companies

- Person with ITP (ongoing or in episodes)
 In remission from ITP
 Parent of ITP child
 Family member of someone with ITP
 Friend or other
 Health professional

SECTION 3: PAYMENT *Please tick the appropriate box(es)*

- Please Gift Aid my payment *(please complete the Gift Aid form overleaf if you haven't sent us one before)*
 I wish to pay by Standing Order - *please complete the Standing Form overleaf*
or
 I wish to pay by cheque - *please complete the section below.*

	MEMBERSHIP	£10
<i>We are very grateful for added donations!</i>	DONATION	
	TOTAL ENCLOSED	

For Office Use

I enclose a cheque for £_____ Signed _____

Please return this form with your cheque or standing order form to:-
The ITP Support Association, The Platelet Mission, Kimbolton Road, Bolnhurst, Beds MK44 2EW

GIFT AID FORM

Gift Aid is a government incentive which allows tax payers to increase the value of their donations to charity with no extra cost to the donor. By signing a Gift Aid Declaration the ITP Support Association can claim 25p from the Inland Revenue for every £1 of your subscription and any donation. We can also claim for any donations you may have made in the last four years.

Please treat as Gift Aid Donation(s) all qualifying gifts of money made *(please tick appropriate boxes)*

today in the past 4 years in the future

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I confirm I have paid or will pay enough income tax to cover the amount the charity will reclaim on my gift

Signed _____ Date _____

1. You can cancel Gift Aid Declarations at any time by notifying us.
2. The Association can only reclaim tax on your donation if you have paid sufficient income tax and/or capital gains tax in the tax year to cover the amount claimed. If you are unsure whether you qualify to Gift Aid your declaration telephone your tax office or go to www.hmrc.gov.uk/individuals/giving/gift-aid.htm.
3. If in the future your circumstances change and you no longer pay income tax and/or capital gains tax equal to the tax the charity reclaims, you can cancel your declaration.
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
5. Please notify us if you change your name or address.

STANDING ORDER FORM

To pay your £10 annual subscription on a monthly, quarterly or annual basis please complete this section and return the entire form to The ITP Support Association. Your form will be processed by us and this section sent to your bank for activation. We are most grateful for any added donations.

Standing order instruction to *(your bank's name)* _____

Bank address _____

Postcode _____

Name of account to be debited _____

Bank sort code --

Your account number

Please credit **The ITP Support Association** – Account no. 00094037 Sort code 40-52-40
at CAF Bank Ltd, 25 King's Hill Avenue, King's Hill, West Malling, Kent ME19 4JQ

the sum of £ _____ *(in figures)* _____ pounds *(in words)* on _____ *(date)* or

immediately on receipt of this order *(whichever is later)* and monthly/ quarterly/ annually *(delete as appropriate)*

on the same date thereafter, up to and including _____ *(date)* or until I give further notice.

Signed _____ Date _____