

# Arthritis Care

## Donation form



Our services are free to people with arthritis, but we do rely on voluntary support to keep them running. Please consider making a donation today.

I would like to make a donation of £

Payable annually/quarterly/monthly by direct debit. (please circle)  
A one-off payment by cheque/postal order/credit or debit card.

### Your details

(please circle) (see over)

Title  First name  Surname

Address

Postcode

Tel No



Payment by direct debit

Instruction to your bank or building society to pay by direct debit

1. Name(s) of account holder(s)

2. Bank/building society account number

3. Branch sort code

### Name and full postal address of your bank or building society branch

The Manager:  Bank/Building Society Address:

Postcode:

Originator's identification number:

Reference number (for office use only)

### Instruction to your bank or building society

Please pay Arthritis Care direct 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 Arthritis Care and, if so, details will be passed electronically to my bank/building society.

Signature  Date

Banks and building societies may not accept direct debit instructions for some types of account.

**Please turn over if you prefer to pay by cheque or credit card.**

**Please read the data protection wording overleaf.**

### The direct debit guarantee

This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.

If the amount to be paid changes, the organisation will notify you normally 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by the organisation or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to the organisation.

**Payment by cheque or postal order**

Please make payable to Arthritis Care

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**Payment by credit/debit card**

Please debit my MasterCard/Visa/CAF/Switch/Solo/Maestro or Delta (delete where applicable) with the sum of £

Card No:

Card Expiry Date:  -

Switch/Solo cardholders only: Issue No:

Start Date:  -

Card security code:

These are the last three numbers on signature strip

Signature(s):  Date:

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Increase the value of your membership or donation by 28 per cent without it costing you a penny, by signing up to Gift Aid.

I want all donations/membership payments to Arthritis Care since 6 April 2000 and all future donations to be Gift Aided until I notify you otherwise.

Please tick here

To qualify for Gift Aid, what you pay in income tax, the tax paid on any pension or capital gains tax must at least equal the amount claimed in the tax year. If you have any questions regarding your eligibility for Gift Aid, please call supporter services on 020 7380 6540.

Please return this form to:

**Arthritis Care**  
**FREEPOST**  
**18 Stephenson Way**  
**London NW1 0YW**

(No stamp required, however, if you use one you will save us the postage.)



Arthritis Care will keep a record of your details for administrative purposes and to allow us to contact you with more information about our activities and appeals. If you do not wish us to contact you, please contact our supporter services department. We occasionally allow other charities and organisations to write to our supporters. Please tick this box if you would prefer not to be included:

Registered Charity No. 206563