# **SUPPORT OUR WORK**

Please complete this form if you'd like to support the work of Parkinson's UK.

## **1** Your personal details (please complete in black ink using BLOCK CAPITALS)

Title	Mr Mrs Ms Dr Other
First name	Surname
Address	
Town/City	Postcode
Parkinson'	's UK Membership no. (If applicable)
Please tick th	nis box if you require a personal acknowledgement

# **2** Option 1 – to pay by Direct Debit (this helps reduce our administration costs)

Please accept my gift of £	(amount) monthly/quarterly/annuall	y (please delete	as appropriate)
Starting on 1st 15th (please tic	k as appropriate) of	(month) 20	(year)

Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom.

**Instruction to your Bank or Building Society to pay Direct Debits** Please fill in the whole form using a ballpoint pen and send it to: Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ. **(DO NOT RETURN TO YOUR BANK)** 



Originator's Identification Number 673457

### Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
	Postcode

## Name(s) of account holder(s)

Bank/Building Society Account number



## Reference number

FOR THE PARKINSON''S DISEASE SOCIETY OF THE UK OFFICIAL USE ONLY.

FOR THE PARKINSON'S DISEASE SOCIETY OF THE UK OFFICIAL USE ONLY. This is not part of the Instruction to your Bank or Building Society.

### Instruction to your Bank or Building Society

Please pay Parkinson's Disease Society of the UK 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 Parkinson's Disease Society of the UK and, if so, details will be passed electronically to my Bank/Building society.

Signature(s)  ${\mathscr X}$ 

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

# **3** Option 2 – to make a cash gift

Please accept my gift of £5 £10 £25
My preferred amount £ Card no.
I enclose a Cheque Postal Order CAF voucher made payable to Parkinson's UK
OR please debit my Mastercard Visa Amex Maestro CAF Card
Cardholder's name
Date valid from $M Y Y$ Expiry date $M Y Y$ Issue no. (Maestro only)
Security code (This is the last three digits on the signature strip of your card and is compulsory to complete your transaction)

## 4 Maximising the impact of my gift

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**Boost your donation by 25p for every £1 you donate, at no extra cost to you** Yes, I am a UK tax payer and am happy for my donations to be gift aided

You must be a UK taxpayer and understand that if you pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all of your donations across all Charities, it is your responsibility to pay any difference.

Parkinson's UK reclaims 25p for every £1 you donate from the tax you pay for the current tax year. If you change your name, address or tax status, please let us know by contacting our Supporter Care team on 0800 138 6593.

Date D D M M Y Y Y Y	Date	D	М	М	Y	Y	Y	Y
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# **5** Staying in touch



Thank you for deciding to support Parkinson's UK. We'd love to stay in touch about the work we're doing to lead the fight against Parkinson's including our services, fundraising, campaigning, clinical research, volunteering and opportunities to have your say. **We will never sell your details to third parties**.

	Yes, you may use my email address to contact me.
	Email
	Yes, you may use my telephone number to contact me. <b>Tel</b>
Dat	e D D M M Y Y Y Y

At Parkinson's UK, we want to be very clear about how we use, store and protect your personal data. You can read about this at **parkinsons.org.uk/privacy** 

Please return the whole form to: Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ

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