

# 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  Address   
 Dr  Other    
 Surname  Town/City   
 First name  Postcode   
 Parkinson's UK Membership no. (If applicable)

Please tick this 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/annually (please delete as appropriate)  
 Starting on 1st  15th  (please tick 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** **6 7 3 4 5 7**

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  Sort Code

Reference number

**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)  X  
 Date

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.

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

Date valid from     Expiry date

made payable to Parkinson's UK

Issue no.   (Maestro only)

OR please debit my:

Mastercard  Visa  Amex  Maestro  CAF Card

Security code    (this is the last three digits on the signature strip of your card and is compulsory to complete your transaction)

Cardholder's name

### 4 Gift Aid Declaration:

Boost your donation by 25p of Gift Aid for every £1 you donate

*giftaid it*

I would like Parkinson's UK to treat all donations I have made during the previous four years and all donations I make in the future as Gift Aid donations, until I notify them otherwise.

Please notify us if you wish to cancel this declaration, change your name or home address or no longer pay sufficient Income Tax and/or Capital Gains tax by contacting our Supporter Services Team on **0800 138 6593**.

I confirm that I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signature

Date

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

We would like to keep you informed about the work of Parkinson's UK. If you are happy for us to contact you about our fundraising and other activities, please tick this box . We will not share your details with any other third party or organisation for marketing purposes other than that of Parkinson's UK.

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