

Supporters Application Form for Individuals, Parents and Carers and Organisations



Applicant's Contact Details:

Please complete in **BLOCK CAPITALS**

Title _____ Surname _____

Organisation _____

First Names _____

Address _____

Postcode _____ Borough _____

Tel No Day _____ Tel No Eve _____

Fax: _____ Email: _____

Signature _____ Date _____

Please complete this section only if you are RENEWING your subscription:

First name _____ Surname _____

Full Address _____

Signature _____ Date _____

Costs:

Individuals: £ 10.00 (waged) £ 4.00 (unwaged)
Organisations: £ 15.00

Please enclose a cheque/postal order made payable to **mcch society ltd** (please do not send cash in the post)

I/We enclose: Supporter subscription £ 10.00 / £4.00 / £15.00
Donation £ _____
Total £ _____

FOR OFFICE USE ONLY: CODE: NOMINAL:

If you're a UK Taxpayer and wish autism london to reclaim the tax back for **FREE**, please sign the declaration below:

I would like **autism london** to treat all donations I have made for the six years prior to this year, (but no earlier than 6/4/2000) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.*

giftaid it

Signed: _____ Date: _____

*I understand that I must have paid an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that **autism london** reclaims on my donations in the appropriate tax year (currently 28p for each £1 that I give).

- You can cancel this Declaration at anytime by notifying **autism london**.
- If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
- Please notify **autism london** if you change your name or address.

Please return this form, with your subscription, to:
MCCH, Freepost, RSGH-SZZR-JHGG, One Hermitage Court, Maidstone, Kent ME16 9NT

Registered Charity Number: 1009720