

**Bereavement Care**

The Lodge, 64 Pinner Road

Harrow, Middlesex HA1 4HZ

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Email: admin@bereavementcareandsupport.co.uk

www.bereavementcareandsupport.co.uk

**APPLICATION FOR INDIVIDUAL MEMBERSHIP 2018**

**NAME: ……………………………………………………………………………………………..**

**ADDRESS: …………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**POSTCODE: ………………………….. TELEPHONE: ………………………………………**

**EMAIL: ………………………………………………………………………………………………**

**INDIVIDUAL MEMBERSHIP DECLARATION AND SUBSCRIPTION**

I ………………………………………………………………………………………………………… (PRINT NAME) declare that I am concerned to further the objects of Bereavement Care.

**I enclose\* my Membership donation for 1st Jan - 31st Dec 2018 of £\_\_\_\_\_\_**

**(MINIMUM £5.00 We are grateful for any additional Voluntary Contributions)**

**\***Please 🗹 if you have paid by BACS Transfer.

Please make payment by Bank Transfer to: Bereavement Care

Sort Code: 40-23-13 Account Number: 42281287 Reference: Individual membership

or by cheque payable to: Bereavement Care

I am a UK taxpayer intending tax to be reclaimed on the enclosed.

Please 🗹 if your donation is made under the **Gift Aid** scheme.

Please treat this as a Gift Aid donation. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1 that I give.

**PLEASE** 🗹 **I agree to my contact details (above) being held by Bereavement Care and I give my consent for this data**

**TO OPT IN to be used by representatives of Bereavement Care to communicate with me regarding news and**

**information, including courses and events. I understand that my details will be held in accordance with the**

**General Data Protection Regulations and will not be shared with third parties outside of Bereavement Care.**

**SIGNED: ………………………………………………………DATE: ………………………….**

If you are a member of a Bereavement Visiting Group or Corporate Member, please state its name:

………………………………………………………………………………………………………………………………………