****

**Bereavement Care**

The Lodge, 64 Pinner Road

Harrow, Middlesex HA1 4HZ

Telephone: 020 8427 5720

Email: admin@bereavementcareandsupport.co.uk

www.bereavementcareandsupport.co.uk

**APPLICATION FOR INDIVIDUAL MEMBERSHIP 2024**

**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 January - 31st December 2024 of £\_\_\_\_\_\_**

***£5.00 MINIMUM DONATION PLEASE, but we are most grateful for any ADDITIONAL Voluntary Donations***

**\***Please 🗹 if you have paid by BACS Transfer or if you are commencing a Standing Order.

Please make payment by Bank Transfer to: **Bereavement Care**

Sort Code: **23-05-80** Account Number: **43231545** Reference: **Individual Membership**

**YOUR BANK MAY ASK YOU TO DOUBLE-CHECK THESE DETAILS TO ENSURE YOU ARE NOT BEING SCAMMED, AS THESE METRO BANK DETAILS CAN SOMETIMES BE QUERIED IN VERIFICATION**

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: