

Friends of NDA Renewal Form



Your details

Title: Forename: Surname :

Address:

..... Postcode:

E-mail:.....

I would like to renew my subscription for the Friends of the Norfolk Deaf Association (NDA) (tick subscription level required)

Annual Individual Subscription	£15	Annual Corporate Subscription	£100
Annual Joint Subscription	£28	Corporate Life Subscription	£750
Life Subscription	£200		

I/we enclose a cheque made payable to Norfolk Deaf Association (NDA)

I/we wish to pay by Standing Order (please complete the form below)

I/we also wish to give an additional donation of £ _____ Monthly / Annually to the Norfolk Deaf Association (NDA) (delete as appropriate)

As a charity, the Government allows us to reclaim tax through the Gift Aid Scheme. If you are a UK tax payer, every £1 you give could be worth £1.25 to us, helping the deaf and the hard of hearing - at no extra cost to you. All you need to do is complete the box below. If you stop paying tax - please let us know.

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and I want NDA to reclaim tax on the donation detailed above, given on the date shown. I understand that I must pay an amount of Income/Tax or Capital Gains Tax in the tax year at last equal to the amount of tax that all the charities I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

We promise that you details will only be used by the Norfolk Deaf Association. We would like to keep in touch with you to keep you informed of our work and to raise funds towards helping people with various degrees of hearing loss in Norfolk. Please tick the box if you would prefer us **not** to contact you.

Signature Date:

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STANDING ORDER

If you would like to renew your subscription or make a donation by Standing Order, please complete the form below and send to the **Norfolk Deaf Association (NDA), 120 Thorpe Road, Norwich, Norfolk, NR1 1RT.**

Instructions to your Bank/Building Society, please pay Norfolk Deaf Association (NDA) the sum of £ _____ monthly/annually from the following date _____ 2014.

Your Bank/Building Society:	Branch Address:
Name(s) of Account Holder:	Signature:
Bank/Building Society Account No.	Date:
Branch Sort Code	NDA Ref: Santander UK Plc Account no: 25138828 Sort Code 09-01-28