

# Membership Form



# Autism Hampshire

I would like to become a Member of Autism Hampshire for (please tick):

## ANNUAL SUBSCRIPTIONS

- Single Member £15 per annum
- Member plus spouse or partner £25 per annum
- Corporate/Affiliate Members £75 per annum

## FIVE YEAR MEMBERSHIP SUBSCRIPTIONS

- Single Member £60
- Member plus spouse or partner £100
- Five Year Corporate/Affiliate Members £300

Mr/Mrs/Ms..... First Name..... Last Name.....

Mr/Mrs/Ms..... First Name..... Last Name.....

\*Company Name (Corporate/Affiliate Member Only)

.....

Contact Name

.....

Address .....

..... Postcode.....

Tel No (Home).....

(Mobile) .....

Email Address .....

Date.....

## Gift Aid Declaration – for past, present & future donations

I would like Autism Hampshire to claim Gift Aid on my donations. (Please tick.)

Signed.....

Date .....

By ticking the above box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

## **Tell us your story!**

Media coverage can have an incredible impact – people hear about all the services that Autism Hampshire provides as well as encouraging more people to take part in the events and activities that can help raise the vital funds that we need. Please provide details of your personal experience with autism and how Autism Hampshire has given support and help, or otherwise, why you would like to support us:

.....  
.....  
.....  
.....



# Method of Payment



# Autism Hampshire

CHEQUE

CREDIT / DEBIT CARD

STANDING ORDER

## Cheque

I enclose a cheque made payable to Autism Hampshire for £ ..... as payment for Membership as detailed overleaf.

## Debit / credit card

OR if you would like to pay by debit / credit card, please ensure your contact phone number is completed overleaf, and the fundraising team will contact you to take payment.

## Standing Order

If you would like to set up a standing order with your bank please find below our charity bank details:

TO: AUTISM HAMPSHIRE  
NATIONAL WESTMINSTER BANK,  
1 ROMSEY ROAD BRANCH  
SHIRLEY, SOUTHAMPTON.

**ACCOUNT NUMBER:** 00845671

**SORT CODE:** 55-50-23

Please put your reference as Membership.

## We would love to stay in touch!

Please let us know how we can contact you and for which purposes. We will never pass on your contact information or data to any third parties, or use your contact information or data for any purpose other than that which you have consented to. If you would like to update your preferences at any time, please contact the Fundraising department.

### How can we contact you?

Post   
Phone   
Email

### What would you like to hear about?

Fundraising   
Events & News   
Volunteering

### PLEASE RETURN TO:

FUNDRAISING, AUTISM HAMPSHIRE,  
1648 PARKWAY, SOLENT BUSINESS PARK,  
WHITELEY, FAREHAM PO15 7AH

Or via email: [fundraising@autismhampshire.org.uk](mailto:fundraising@autismhampshire.org.uk)

**Thank you for supporting Autism Hampshire**