 **3, Walsingham Place, Truro, TR1 2RP** **info@hearinglosscornwall.org**  [**www.hearinglosscornwall.org**](http://www.hearinglosscornwall.org/)

**Tel: 01872 225868**

**Textphone: 01872 263664**

# 2018 Membership/Donation Form

**Full Name**:……………………………………………………………………………………………

**E-mail**:………………………………………………………… **Tel**:..............................................

**Address**:………………………………………………………………………………………………

………………………………………………………………………………………………………….

……………………………….. **Postcode**:…………………………………………………………..

**Signed**:………………………………………………………….. **Date**:……………………………

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**We prefer to keep in touch with you via email. However, if you prefer we keep in touch by post, please tick here**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick as applicable:   |  | | --- | |  |     **I have paid £10.00 Membership Subscription through BACS  Barclays 20-87-94 50283703**   |  | | --- | |  |     **I enclose £10.00 Membership Subscription**    And/or   |  | | --- | |  |   **I have paid/enclose a donation of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Hearing Loss Cornwall is grateful for any donations towards our work, however large or small.*    **TOTAL** **£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BACS / Cheque / cash** (Please circle as applicable)  *Please make cheques payable to* ***Hearing Loss Cornwall*** |
| **Thanks to the Government’s Gift Aid Scheme, we will be able to claim back 25p for every £1 you give. All you have to do is indicate your permission by ticking the box below.**     |  | | --- | |  |   *I am a UK taxpayer and would like Hearing Loss Cornwall to claim Gift Aid on my membership subscription & donation. I understand that I must have paid an amount in*  *income/capital gains tax at least equal to the amount donated in the appropriate tax year (6 April one year to 5 April the next)* |

*In accordance with Data Protection legislation, your Membership details will be used solely for the purpose of your Hearing Loss Cornwall Membership/Donation****. Thank you for your support!***