

LifeLyme Membership Form

Thank you for deciding to become a LifeLyme member and give your monthly support to our charity.

Please complete this form and send back via post to the address on the Direct Debit page.

Name					
Address					
Postcode					
Telephone No.					
Email Address					
Monthly Gift Amount (please circle):	£5	£10	£20	£50	Other amount (please specify):

Gift Aid Declaration:

If you're eligible, you can boost your donation by 25p of Gift Aid for every £1 you donate. Please tick the box below if you agree with the statement and are happy for us to claim Gift Aid on your behalf.

I want to Gift Aid my donations relating to this membership, as well as any I make in the future or have made in the past 4 years, to Caudwell LymeCo.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Accreditation

Please tell us if you're happy to be accredited on our website and how you would like your name to appear:

Yes I'm happy to be accredited Name to appear: _____

No, I wish to remain anonymous

Keeping in touch and your information:

We take your privacy seriously and will only use information gathered in relation to your membership and our charitable objectives.

From time to time we'd like to be in touch with you about charity developments, fundraising campaigns, and news on how your donation is making a difference. If you're happy to hear from us, please let us know how you'd like us to contact you. **Tick all that apply.** We will never pass your data to third parties and our privacy policy is available to view at <http://caudwelllyme.com>

Post Email Phone Text



Please fill in the whole form with a ball point pen and send it to:

Instruction to your bank
or building society to
pay by Direct Debit

Caudwell LymeCo Charity
LifeLyme Membership
Broughton Hall
Broughton
Staffordshire
ST21 6NS

Member Reference Number (for official use only)

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Name(s) of account holder(s)

Bank/building society number:

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Branch sort code:

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Instructions to your bank or building society

Please pay Caudwell LymeCo (also known as Caudwell Lyme Disease) from the account detailed in this instruction, subject to the safeguards of the Direct Debit guarantee. I understand that this instruction may remain with Caudwell LymeCo and if so, details will be passed electronically to my bank or building society.

Name and full postal address of your bank/building society:

TO: The Manager	Bank/Building Society
Address:	
Postcode:	

Signature(s)
Date



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Caudwell LymeCo will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Caudwell LymeCo to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Caudwell LymeCo or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when Caudwell LymeCo asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.