

# DONATION FORM



**Your Details:**

Name .....

Address.....

.....

.....

.....Post Code .....

Telephone number .....

**I would like to make a donation to CMT United Kingdom.**

I enclose a cheque/postal order for the sum of £ .....

Please debit my credit/debit card with the sum of £ .....

*PLEASE COMPLETE THIS SECTION IF PAYING BY Visa/Mastercard/Maestro/Visa Debit*

Name as shown on the card: Billing address should be shown above.					
Card Expiry No	/	Issue No (Maestro only)		CVV No: (on the back of your card)	
<b>Card No:</b>					

**Gift Aid Declaration**

"I am a UK Taxpayer and would like CMT United Kingdom to treat this donation as Gift Aid donations, until I notify you otherwise. I will notify CMT United Kingdom if I stop paying income tax or if I change my name or address or I wish to cancel my declaration".

*If you tick this box you will enable us to reclaim 28p in every pound you donation back from the Inland Revenue, making your donations even more valuable to us. Please see the separate Gift Aid information sheet for further details.*

**SIGNED** ..... **Dated** .....

**Please send this form to us at the address below with your monies. You will receive an acknowledgement on receipt. Many thanks for your generosity.**

**Working to support people affected by Charcot-Marie-Tooth Disease, also known as Hereditary Motor and Sensory Neuropathy**