



DONATION FORM

Title: Mr. Ms. MrsFirst name

Surname:..... Amount of donation £.....

Address:.....

.....

Postcode: Tel:.....

GIFT AID DECLARATION

I wish LUPUS UK to treat any donations made by myself from 6 April 2000 as Gift Aid donations.

Signature..... Date.....

I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on my donations in the tax year (28p per £1)

I would also be interested in Volunteering Opportunities for LUPUS UK and/or my Regional Group (tick box)

IF WISHING TO REMIT BY STANDING ORDER, PLEASE TELEPHONE FOR THE INSTRUCTION FORM

PLEASE COMPLETE RELEVANT SECTIONS OF THIS FORM AND SEND TO:

LUPUS UK, St James House, Eastern Road, Romford, Essex RM1 3NH

Tel: 01708 731251 Fax: 01708 731252