

Without **donations** from people like you, **Colostomy UK** could not continue its vital work **supporting, helping and empowering** ostomates. Thank you for supporting us.

My Details: Title: _____ Forename: _____ Surname: _____
 Home address: _____
 Postcode: _____
 Telephone (home): _____ Mobile: _____
 Email: _____

Date of Birth: _____ Month and year of operation: _____
 Reason for your stoma: _____ Stoma type: Colostomy Ileostomy Urostomy

Tick as appropriate: I would like to be kept informed by: Post Email Telephone. Please tick if you would like a receipt
 I would like to receive information about: Tidings magazine Bag and product manufacturers Colostomy UK, the work it does, including Training, Conferences, Volunteer opportunities and fundraising.
 We will never sell or swap your information with other organisations. You can change how we communicate with you at any time.
 Call us on: **0118 939 1537** or email: **info@ColostomyUK.org**

I would like to make a donation of:
 £20 £30 or whatever you are able to give £ _____
 I enclose a cheque or postal order made payable to **Colostomy UK**
 Please debit my Visa/Mastercard/Maestro Card with the amount specified

Card number _____ (Maestro only)
 Expiry date _____ Security code _____ (Maestro only) Start date _____ (Maestro only) Issue No. _____
 D D M M Y Y
 Signed _____ Date _____

giftaid it Thank you for your gift
 Thanks to the gift aid scheme – we can reclaim money on your donation from the government. For every pound you give us, we can claim an extra 25p. For example, a donation of £20 becomes £25 with gift aid, at no extra cost to you.
 I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. 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.
 Signature: _____ Date: ____ / ____ / 2018

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To the Manager: (Bank or Building Society) _____
 Bank Address: _____ Postcode: _____
 Name(s) of Account holder(s): _____
 Account number: _____ Sort code: _____
 I would like to make a regular donation* of £20 £30 or other amount (please state) £ _____
 monthly quarterly annually starting on the 1st 15th 25th of month: _____ year: _____
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 *Please allow one month's notice to ensure donation processes through banking system and state your donation amount in words:
 Please pay: NatWest Bank, Market Place, Reading, Berkshire, RG1 2EP
 Account name: **C.A. Ltd** Account No: **88781909** Sort code: **60-17-21**
 Name: (IN CAPITALS) _____
 Signature: _____ Date: ____ / ____ / 2018

To donate, please fill in the form appropriately, check your details are correct, then return this page to Colostomy UK – thank you.

