

First Name..... Last Name.....

Address.....

.....

Post Code ..... Region ..... Country .....

Contact Number .....

Email.....

Male Female    Date of Birth.....

In order to inform you of future events e.g., zoom meeting we will be emailing you invitations to attend

I consent to being contacted by  
email post phone (please circle)                      Signature .....

What do you consider your ethnic origin White Mixed or Multiple ethnic groups Asian or Asian British  
Black, African, Caribbean or Black British Other ethnic group Any other ethnic group

### GIFT AID DECLARATION FORM

Increase your membership fee/donation to The Trigeminal Neuralgia Association UK (TNA UK) by 25p of Gift Aid for every £1 you give at no extra cost to you! To enable us to claim Gift Aid you must tick the box below as your address is needed to identify you as a current UK taxpayer.

I am a UK taxpayer and would like TNA UK to treat all membership fees/donations I make in the future or have made in the past 4 years as Gift Aid donations until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my membership fees/donations in that year it is my responsibility to pay any difference. I understand that TNA UK will reclaim 25p of tax on every £1 that I give. Gift Aid is reclaimed by TNA UK from the tax I pay for the current year.

Signed.....Date.....

(Please complete all sections)

#### **Please let us know if you:**

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive additional tax relief due to you, you must include all your Gift Aid payments on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

*giftaid it*

Registered Charity Number 1155001

**Please post completed form and  
cheque to  
TN Association UK  
PO Box 10973  
Nottingham  
NG16 9GN**

I enclose a Cheque for  
Membership/Renewal £20.00

Donation £.....

Total Enclosed £.....

**Freephone Number 0800 999 1899**

**Helpline Option 1**

**Office Option 2**