

## **BECOME A MEMBER**



Your details						
Title:	Mr	Mrs	Miss	Ms	Dr	Other:
First Name:						Surname:
Address:						
						Postcode:
l would like	to make	e a Memt	ership pa	yment by	Direct Deb	it of:
£22 each	<b>year</b> fro	m the	1st	15th (tic	k as approp:	riate) of the next available month.
<b>Instruction to your Bank or Building Society to pay by Direct Debit</b> RNID, Brightfield Business Hub, Bakewell Road, Orton Southgate, Peterborough, PE2 6XU						Originator's Identification Number 2 5 0 9 0 1 Reference Number (For official use only)
Name(s) of Account Holder(s) Bank/Building Society account number Branch Sort Code Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society Address					ociety	<b>Instruction to your Bank or Building Society</b> Please pay RNID Direct Debits, from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with RNID and if so, details will be passed electronically to my Bank/Building Society. Signature(s)
Postcode					Date	
					Banks and Building Societies may not accept Direct Debit instructions for some types of account.	
I would like		-				
<b>£24</b> I enclose my cheque/postal order/CAF charity voucher payable to RNID.						
OR debit my:		Visa	Master	card	CAF Char	ity Card Maestro
Your name as	it appea	ars on the	e card:			
Card number	:					( (Final three Maestro only)
Expiry Date:		/		Mae	stro Issue n	o:
Signature:						Date: / /
I would like to make an additional donation of: £ (please write the amount)						
your donations worth even more to people with hearing loss. Please tick one box only I am a UK taxpayer and I would like to Gift Aid this donation, any donations I make in the future and all donations I've made in the past					Member, you mation, appe er not to recei <b>Please don't s</b> also love to k ed news, heal nteering. Plea	can look forward to updates in the post about related news, health als, events, campaigns, products, research and volunteering. If you'd we these please let us know. <b>end me communications by post</b> eep you up to date via email about the work we do and about th information, appeals, events, campaigns, products, research and se tick the box below to let us know. <b>py for to contact me by email</b>

## Email:

## How we protect your information

Your personal details are incredibly important, and we promise to use them to get in tough with you in the ways your prefer. We'll never sell of swap your data and while, with your permission, our team may call, email of text you from time to time to thank you and encourage you to keep supporting our work, we will always do so with care and consideration. If you'd like to change how we communicate with you, or would like us to remove your details from our records, please contact RNID on 0808 808 0123 or email contact@rnid.org.uk. For further details on how we look after your information please visit RNID.org.uk/privacy

Please return this form in the FREEPOST envelope provided, or to: RNID, York House, Wetherby Road, Long Marston,York, YO26 7NH RNID is the trading name of The Royal National Institute for Deaf People. A registered charity in England and Wales (207720) and Scotland (SC038926).

Income Tax and/or Capital Gains Tax

I am not a taxpayer.

donations.

than the amount of Gift Aid claimed on

all my donations in that tax year, it is my

Please let us know if you change your address

or if you no longer pay an amount of income

tax equal to the tax we will reclaim on your

responsibility to pay any difference. Currently,

this must cover just 25p in every £1 donated.

