



To become a member to support the work of the Human Givens Foundation, please complete this form, print it out and send it to us, along with your letterhead, to:  
The Human Givens Foundation, Chalvington, East Sussex BN27 3TD, UK.

## Payment Details for your CORPORATE MEMBERSHIP

- I enclose a cheque made payable to the Human Givens Foundation for £ \_\_\_\_\_ (minimum £1,000)
- I enclose a CAF/other Charity voucher for £ \_\_\_\_\_ (minimum £1,000)
- I wish to pay £ \_\_\_\_\_ (minimum £1,000) by standing order (*If you would like to pay by this method, please complete the standing order form on the following page*)
- I wish to pay by credit card (Switch/Visa/MasterCard), and I have completed the authorisation below to debit £ \_\_\_\_\_ (minimum £1,000) from my account.

### Personal Details (\* Required Items)

Title\*: Mr / Mrs / Ms / Miss / Dr / Prof *(delete as appropriate)*

First Name\*: \_\_\_\_\_ Surname\*: \_\_\_\_\_

Company Name: \_\_\_\_\_ Industry: \_\_\_\_\_

Address\*: \_\_\_\_\_

\_\_\_\_\_ Town/City\*: \_\_\_\_\_

County: \_\_\_\_\_ Post Code\*: \_\_\_\_\_

Daytime Tel\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

*Gift Aid: I want the Human Givens Foundation to reclaim tax on this membership subscription. (I am a UK taxpayer and I have paid an amount of UK income or capital gains tax equal to any tax the HGF could reclaim.)*

### Credit Card Details

Card Type: VISA / MasterCard / Switch *(delete as appropriate)*

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiry Date: mm/yy \_\_\_\_\_ Start Date: mm/yy \_\_\_\_\_

Issue Number: (Switch only) \_\_\_\_\_ Security Number *(Last three digits on the reverse of the card):* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Offer of Support to the Human Givens Foundation  
Registered Charity No 1108432

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## Standing order for CORPORATE MEMBERSHIP

### Personal Details (\* Required Items)

Title\*: Mr / Mrs / Ms / Miss / Dr / Prof *(delete as appropriate)*

First Name\*: \_\_\_\_\_ Surname\*: \_\_\_\_\_

Company Name: \_\_\_\_\_ Industry: \_\_\_\_\_

Address\*: \_\_\_\_\_

\_\_\_\_\_ Town/City\*: \_\_\_\_\_

County: \_\_\_\_\_ Post Code\*: \_\_\_\_\_

Daytime Tel\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

*Gift Aid: I want the Human Givens Foundation to reclaim tax on this membership subscription. (I am a UK taxpayer and I have paid an amount of UK income or capital gains tax equal to any tax the HGF could reclaim.)*

### Please instruct my bank to pay the following amount by standing order:

To: \_\_\_\_\_ Bank plc Sort Code: --

Bank Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

I instruct you to pay:

£ \_\_\_\_\_ by annual standing order on \_\_\_\_\_ (date) each year or

£ \_\_\_\_\_ by monthly standing order on \_\_\_\_\_ (date) each month

Account No: \_\_\_\_\_

In the name of: \_\_\_\_\_

I instruct you to pay the above amount(s) from my account, on the dates shown, with immediate effect, to the account of the Human Givens Foundation, account no. 01430610, sort code 40-25-03, at HSBC Bank plc, 125 Church Road, Hove, East Sussex BN3 2AN.

I will inform you (my bank) in writing if I wish to cancel this instruction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_