

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

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 at:

The Human Givens Foundation, Chalvington, East Sussex BN27 3TD, UK.

Payment Details for your INDIVIDUAL MEMBERSHIP

☐ I enclose a cheque made payable to the	e Human Givens Foundation for £120
☐ I enclose a CAF/other Charity voucher	r for £120
I wish to pay £120 by standing order (please complete the standing order form	
I wish to pay by credit card (Switch/Vi below to debit £120 from my account.	sa/MasterCard), and I have completed the authorisation
Parcanal Datails (* Paguired Itams)	
Personal Details (* Required Items)	
Title*: Mr / Mrs / Ms / Miss / Dr / Prof (delete as appr	ropriate)
First Name*:	Surname*:
Address*:	
	Town/City*:
County:	Post Code*:
Daytime Tel*:	Email*:
Profession*:	
Gift Aid: I want the Human Givens Foundation to re and I have paid an amount of UK income or capital g	eclaim tax on this membership subscription. (I am a UK taxpayer gains tax equal to any tax the HGF could reclaim.)
Credit Card Details	
Card Type: VISA / MasterCard / Switch (delete as appro	ppriate)
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:
-	



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Standing order for INDIVIDUAL MEMBERSHIP

Personal Details (* Required Items)

Title*: Mr / Mrs / Ms / Miss / Dr / Prof (delete as appropriate)	
First Name*:	_ Surname*:
Address*:	
	Town/City*:
County:	Post Code*:
Daytime Tel*:	Email*:
Profession*:	
3	reclaim tax on this membership subscription. (I am a UK taxpayer al gains tax equal to any tax the HGF could reclaim.)
Please instruct my bank to pay the follo	owing amount by standing order:
To: Bank plc	Sort Code:
Bank Address:	
	Post Code:
I instruct you to pay:	
£120 by annual standing order on	(date) each year or
£10 by monthly standing order on	(date) each month
Account No:	
In the name of:	
I instruct you to pay the above amount from my to the account of the Human Givens Foundation at HSBC Bank plc, 125 Church Road, Hove, Eas	
I will inform you (my bank) in writing if I wish	to cancel this instruction.
Signature:	Date: