

Membership/Donation Form

Please send completed form to the KSA Membership Secretary

Name:

Address:

.....

Postcode: Telephone:

Email address**:

Details of person diagnosed as KS: Karyotype:

Name: Date of Birth:

Relationship to member (e.g. self, son, friend):

Please tick Membership payment period required and make cheque payable to Klinefelter's Syndrome Association:

- Individual/Family* for **one year at £22.50**
 Individual/Family* for **two years at £40.00**
 Individual/Family* for **three years at £52.50**

UK based OAPs, Students, Unwaged £12.00 per year
(Please enclose copies of proof of entitlement)

- Europe: **£27 per year**
 Rest of the World: **£30 per year**

Standing Order Payment ONLY available for renewals. Please pay first year by cheque or PayPal.

- Individual/Family* at £15 per year

Membership Fees correct as of 1st May 2011

All the information on this form will be treated in the strictest confidence by the Klinefelter's Syndrome Association (Charity number: 1058319). Details will normally be given only to the Committee Members. Occasionally, however, the Committee will supply a member of the KSA with name and address details only, for a specific task, such as mailing out fundraising catalogues.

**If you provide your email address you agree to be contacted by the Committee by email.

I would like to make a donation to the KSA:

I am/am not* (please delete as necessary) a Member of the KSA and would like to donate, please make cheques payable to the Klinefelter's Syndrome Association:

£

**The KSA Membership Secretary,
Mrs. Roslyn Heinze, 30 Alandale Close,
Reading, Berkshire,
RG2 8JP**

Standing Order Mandate Form

Please send completed form to the KSA Membership Secretary

To: Bank or Building Society

Branch Address:

..... Postcode:

Account number: Sort code:

Name of Account Holder:

Please quote reference Member NO (to be added by KSA):

Please pay: LLOYDS-TSB, MARKET HILL, BARNESLEY,
YORKSHIRE, Sort Code: 30-10-47

For the credit of: KLINEFELTER'S SYNDROME ASSOCIATION
Account number: 0393308

The sum of: (Figures)

..... (Words)

On the (Day) (Month) (Year)

And a like sum ANNUALLY on the (Day) (Month)

Signed: Date

Gift Aid Declaration

Please send completed form to the KSA Membership Secretary

Full Name:

My Address:

.....

..... Postcode:

I want the Klinefelter's Syndrome Association (Charity number: 1058319) to treat all donations I have made since the 6th April 2000 and in the future as Gift Aid Donations until I notify otherwise. (This includes Membership Fees where applicable)

I know that I must pay an amount of income or Capital Gains Tax at least equal to the Tax the charity reclaims on my donations in the Tax Year

Signed: Date



Klinefelter's Syndrome Association is listed on www.everyclick.com, the search engine that helps charity. For all your searches please go to:

<http://www.everyclick.com/uk/klinefelterssyndromeassociation>

Don't forget to add it to your favourites so you can find it again easily and you can make it your home page by clicking on the link in the top right hand corner of the site. **It does not cost the KSA, or you, a penny** - so it's a great way to support us everyday.