

To:
Headway Bristol
Frenchay Beckspool Building
Frenchay Park Road
Bristol
BS16 1LE

MEMBERSHIP OF HEADWAY BRISTOL

Type of Membership – Individual / Family (*delete as appropriate*)

I enclose the Annual Subscription minimum donation of £10.00 / £15.00 for membership of Headway Bristol. (Cheques payable to **Headway Bristol** please)

Individual/ Family

Title..... First Name Surname

Address.....

.....

Post Code.....

Telephone Number Current Membership No.....

Please indicate if you are:

Head Injured	<input type="checkbox"/>
A relative of a head injured person	<input type="checkbox"/>
A carer	<input type="checkbox"/>
A volunteer	<input type="checkbox"/>
An interested supporter of Headway	<input type="checkbox"/>
Please contact me about the brain injury survivor card	<input type="checkbox"/>

If you are a new member/ or an existing member and you have not already completed a gift aid form and you are a UK Tax Payer, we would be grateful if you would please complete and return the Gift Aid Declaration Form.

GIFT AID DECLARATION

Name.....

I would like Headway Bristol to treat all payments I make from the date of this declaration as gift aid until I notify you otherwise.

I am an income tax payer and I will notify you if, in the future, I cease to be one.

Signed Date