

# Sands Membership Form



Sands supports parents whose baby has died, and works with health and social care professionals to improve the quality of services provided to bereaved families. Sands also promotes research into the causes of stillbirths and neonatal deaths and changes in practice that could save more babies' lives. By becoming a Member you are helping Sands to fulfil these aims.

Membership entitles you to: 3 newsletters a year featuring personal experiences and updates on Sands work throughout the UK; 10% discount on all items within our publications order form; a personal invitation to a range of Sands events including the Annual General Meeting and Members' Conference, where you have the right to vote.

| MEMBERSHIP CATEGORY   | SUBSCRIPTION | AMOUNT |
|---|--------------|--------|
| Membership - (Waged Household)  | £16.00       |        |
| Membership - (Unwaged Household or Student)   | £ 8.00       |        |
| Membership - Overseas   | £24.00       |        |
| Organisation eg: Company, Trust, Hospital etc   | £40.00       |        |
| I /we would like to add a donation to Sands*  |              |        |
| <b>TOTAL AMOUNT ENCLOSED</b>  |              | £      |
| Please make cheques/postal orders payable to Sands  |              |        |
| <i>Please note: if you hold a post within a Sands Group eg Chair, Secretary, Treasurer or Befriender you are required to complete the Sands Group Membership Form</i> |              |        |

Please note that the liability of Members is limited. In the event that the Charity is wound up, Members' liability is limited to £1.00.

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

Please complete using block capitals

|               |            |              |
|---------------|------------|--------------|
| TITLE         | FIRST NAME | SURNAME      |
| TITLE         | FIRST NAME | SURNAME      |
| FULL ADDRESS  |            |              |
|               |            | COUNTY       |
| POSTCODE      |            | COUNTRY      |
| TEL NO (Day)  |            | TEL NO (Eve) |
| EMAIL ADDRESS |            |              |

- I wish to pay my membership by Standing Order and have completed the attached Standing Order form.
- \*I wish Sands to reclaim Gift Aid on my donation and have completed the attached Gift Aid Declaration form.

Please complete and return this form to: **Sands, 28 Portland Place, London, W1B 1LY**

FOR OFFICE USE (050207)

|            |   |              |
|------------|---|--------------|
| Cheque N°: | Entered on Membership Database: / /2007 | Entered by:  |
| Member N°: | Entered on Gift Aid Database: / /2007   | Verified by: |

# Gift Aid Declaration



|   |              |                    |                                   |
|---|--------------|--------------------|-----------------------------------|
| <b>Name of Charity</b>  |              | Sands              |                                   |
| <b>Details of Donor</b>   | <b>Title</b> | <b>Forename(s)</b> | <b>Surname</b>                    |
| <b>Address</b>  |              |                    |                                   |
|   |              |                    | <b>PostCode</b>                   |
| <b>Contact Telephone</b>  |              |                    |                                   |
| <b>Declaration</b>  |              |                    | <i>Please tick all that apply</i> |
| <input type="checkbox"/> I want Sands to treat all donations that I have made from 6 <sup>th</sup> April 2000 and all donations from the date of this declaration until I notify Sands otherwise as Gift Aid Donations  |              |                    |                                   |
| <input type="checkbox"/> I want Sands to treat all donations that I make from the date of this declaration until I notify Sands otherwise as Gift Aid Donations   |              |                    |                                   |
| <input type="checkbox"/> I want Sands to treat my enclosed donation of £ _____ as a Gift Aid Donation   |              |                    |                                   |
| <input type="checkbox"/> I want Sands to treat the donation(s) of £ _____ I made on _____ as Gift Aid Donations.  |              |                    |                                   |
| Signature   |              |                    | Date:        /        /           |
| <p>For further guidance regarding this Gift Aid Declaration, please refer to the notes below:</p> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. You can cancel this declaration at any time by notifying Sands</li> <li>2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that Sands reclaims on your donation(s) in the tax year (currently 28p for each £1 you give). For example if you make a donation of £20, Sands receives an additional £5.64 as long as you pay that much tax in the current year (assumes current basic rate Income Tax at 22%)</li> <li>3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that Sands reclaims, you can cancel your declaration (see note 1)</li> <li>4. If you pay at the higher rate you can claim further tax relief in your Self Assessment tax return.</li> <li>5. If you are unsure whether your donations qualify for Gift Aid tax relief please ask Sands or your local tax office for leaflet IR113 <i>Gift Aid</i></li> <li>6. Please notify Sands if any personal details such as your name or address change so that we can update our records</li> <li>7. In accordance with the Data Protection Act, Sands will only use your details for the purposes of this reclaim and for note 6 above, and you can ask to see the details held about you at any time</li> </ol> |              |                    |                                   |

# MEMBERSHIP & DONATION STANDING ORDER FORM



Please complete and Return this form to: Sands, 28 Portland Place, London W1B 1LY

## Name and Full postal address of your Bank or Building Society

|                |                       |
|----------------|-----------------------|
| To the Manager | Bank/Building Society |
| Address        |                       |
| Postcode       |                       |

|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|
| Name of account to be debited |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Reference No* (Office Use)    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Account Number                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Sort Code |  |  |  |  |  |  |  |  |  |  |

Signed \_\_\_\_\_ Date \_\_\_\_\_

|  |
|--|
| <b>Please pay:</b><br>Unity Trust Bank plc, Nine Brindleyplace, Birmingham, B1 2HB<br>For the credit of <b>SANDS (Stillbirth and Neonatal Death Society – Charity No 299679)</b><br>Account No <b>54002193</b> Sort Code <b>08-60-01</b> |
|--|

|   |
|---|
| <b>SANDS MEMBERSHIP SUBSCRIPTION</b><br><input type="checkbox"/> I wish to pay my/our Sands Membership Subscription of £_____ on 1 <sup>st</sup> /15 <sup>th</sup> /25 <sup>th</sup> * of _____ 2007 and annually thereafter, until further notice (*delete as appropriate) |
|---|

|  |
|--|
| <b>DONATION</b><br><input type="checkbox"/> I/We wish to make a donation of <b>£5</b> <input type="checkbox"/> <b>£10</b> <input type="checkbox"/> £_____ on _____ 2007<br><input type="checkbox"/> I/We wish to make a regular donation of <b>£5</b> <input type="checkbox"/> <b>£10</b> <input type="checkbox"/> £_____ monthly/quarterly/annually* starting on the 1 <sup>st</sup> /15 <sup>th</sup> /25 <sup>th</sup> * of _____ 2007 (*delete as appropriate) |
|--|

## MAKE YOUR GIFT WORTH EVEN MORE

*giftaid it* Do you pay tax? If so, your donation will be worth almost a third more to us – at no extra cost to you. All you have to do is print and sign your name below and the tax office will give us an extra 28p for every £1 you give. NB. You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations (28p for every £1 you give). Please let us know if your circumstances or address details change so that we can amend our records.

I want Sands to treat all donations that I make from the date of this declaration until I notify Sands otherwise as Gift Aid Donations.

|                                   |                   |
|-----------------------------------|-------------------|
| <b>Signed</b>                     | <b>Print Name</b> |
| <b>Address</b>                    | <b>Postcode</b>   |
| <b>Daytime Contact Telephone:</b> |                   |