CASH DONATION

1.	I would like to donate:					
	☐ £15	☐ £25	☐ £75	Other £		Please enter the other amount
	☐ I want Versus	identify you as a cu s Arthritis to claim Gif t 4 years. I am a UK ta	of your gift by 25%, a ay in the tax year the d urrent UK taxpayer. It Aid on my donation r expayer and I understa n all my donations in t	made today, and an nd that if I pay less	y donations I make Income Tax and/or	in the future or have Capital Gains Tax
2.	Title:	First name:	Surn	ame:		
	Address:					
	Postcode:	т.				
	Postcode:	1 6	elephone no:			
	Email:					
	Liliali.					
	Date: D D / M M / Y Y Y					
3.	I enclose my cheque/postal order/CAF voucher made payable to: Versus Arthritis (We can only accept donations in UK Sterling)					
	OR Please	debit my: MasterC	Card / Visa / Amex / (CAF Card / Maest	tro (delete as appro	ppriate)
	Card number:	·				(Maestro only)
	Valid from:	M M / Y Y	Expiry date:	M / Y	Υ	
4.	To receive more information about research and the services we offer, news, campaigning, volunteering and how you can support people with arthritis, please tick how you'd like to hear from us. Please tick to confirm we may contact you by email SMS phone Please tick if you do not wish to be contacted by post					
	If you're already receiving information and don't tick a box we'll continue to contact you according to the preferences you've already given. You can change your preferences or opt out at any time by contacting us on 0300 790 0400. For more information on how we protect and use your personal information, please see our privacy notice here: versusarthritis.org/statements/privacy-notice					



Please fill in this form and return in the pre-paid envelope, or post to: Versus Arthritis, Copeman House, St Mary's Court, St Mary's Gate,

Chesterfield S41 7TD. You can also donate on **0300 790 0444**

or visit versusarthritis.org/donate or email supportercare@versusarthritis.org

