

Member Information Validation Form & Gift Aid Declaration

| Membership Number (if known) | | | | | |
|--|--|--|--|--|--|
| First Name(s) | | | | | |
| Family Name | | | | | |
| Title | | | | | |
| Date of Birth | | | | | |
| Home Address & Postcode | | | | | |
| Telephone number | | | | | |
| Email address | | | | | |
| Membership Type | | Person with a bleeding disorder Parent/Guardian of a person with a bleeding disorder Partner/Carer of a person with a bleeding disorder Relative (not a parent or partner) of a person with a bleeding disorder | | | |
| Tick as applicable | Bereaved relative of a person with a bleeding disorder Other (Please specify below) | | | | |
| If you are a person with a bleeding disorder, please detail: | | | | | |
| Bleeding disorder type and cla (e.g. Haemophilia A – Severe, vWD Type 2N | | | | | |
| Treatme | | | ent Centre | | |
| Contact Consent Please note: | | | e to hear from the Society (please pick one option) Post | | |
| Due to increasing postal charges, the Society does not post all its communications. All information can be | | Members will be automatically opted-in to receive information from the Society. If you wish to opt-out please complete the information below. | | | |
| found on its website [insert web address??] | | I want to c | opt-out from receiving information on: | | |
| Email is the most efficient way of the Society can keep in touch with you. We promise that you will not be inundated with information. | | | Campaigning Opt-Out Community Matters Magazine Opt-Out Events & Services Opt-Out | | |
| All UK members will receive information on the AGM, Trustee elections and biannual appeals via Royal Mail post. | | | | Fundraising Opt-Out Infected Blood Public Inquiry Opt-Out | |

Version : February 2023 Page 1 of 2



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| UK Taxpayer It is important that the Society holds up to date information, so please tick as appropriate | Yes No | | | | |
|---|---------|--|--|--|--|
| If yes, and willing to participate in Charity Gift Aid please complete the Gift Aid Declaration below | | | | | |
| Charity Gift Aid Declaration | | | | | |
| Boost your donations by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. | | | | | |
| Your name and address detailed on page 1 will be used to identify you as a current UK taxpayer with HM Revenue and Customs (HMRC). | | | | | |
| In order to Gift Aid any donations, please tick the box below: | | | | | |
| ☐ I want to Gift Aid any donations I make in the future or have made in the past 4 years to: | | | | | |
| The Haemophilia Society, Charity reg. no: 288260 in England & Wales, SC039732 in Scotland. | | | | | |
| I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. | | | | | |
| Please ensure you notify the Haemophilia Society if you: | | | | | |
| Want to cancel this declaration Change your name or home address No longer pay sufficient tax on your income and/or capital gains | | | | | |
| If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code. | | | | | |
| Please retain a copy of this declaration for your records. | | | | | |
| Date: | | | | | |

Version : February 2023 Page 2 of 2