



Let's stop MS together

Your personal details

Membership costs just £5 a year

We'd love to know more about your decision to support the MS Society. The more we know, the more we can do to keep you informed through the right communications, offer you support, and ultimately stop MS. Once completed please send your form to FREEPOST RTKA-ATST-EYLZ, MS Society, 372 Edgware Road, London, NW2 6ND

1 About You

Title: _____

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Date of birth: ___ / ___ / ___ Gender: _____

What is your connection to MS?
Please tick all that apply:

- I have MS
- A partner or spouse has MS
- An immediate/close family member has MS
- A friend, colleague or extended family member has MS
- I have lost a friend or family member who had MS
- I am an MS related health care professional
- I have no direct connection
- I'd prefer not to say

2 How would you like to hear from us?

Data Protection: We will never share your personal details with any other charity, company or third party. We'd like to keep in touch to tell you more about our work. If at anytime you want to change the way that we communicate with you then please call our Supporter Care Team on 0300 500 8084 or write to us at MS Society, Supporter Care Team, 372 Edgware Road, London NW2 6ND.

Please tick below if you're happy to be contacted by:

Phone Yes No **Mail** Yes No **Text** Yes No **Email** Yes No

As a member of the MS Society we will automatically join you to your local MS branch. Your local branch will contact you about help and support they can offer to people affected by MS in the area. If you would prefer not to hear from your local branch please tick here:

3 Regular annual payment by Direct Debit



£5 per year per member £ _____
 Additional donation £ _____
 TOTAL £ _____ (total amount per year)

Starting on the 7th 21st day of the next available month, and on the same day of each year until further notice. (Please allow at least one month from the date of signing this form. A confirmation letter will be sent to you.)

Instruction to your Bank or Building Society to pay by Direct Debit

Multiple Sclerosis Society, 372 Edgware Road, London, NW2 6ND
Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address: _____

Postcode: _____

Name(s) of account holder(s)

Sort code

Bank/Building Society account no.

Service user number

Reference (Multiple Sclerosis Society use only)

Instruction to your Bank or Building Society: Please pay the Multiple Sclerosis Society Direct Debits from the account in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Multiple Sclerosis Society and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date / /

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

OR

4 Single Payment

£5 per year per member £ _____
 Additional donation £ _____
 TOTAL £ _____

I enclose: a cheque made payable to the MS Society / Postal order / CAF Voucher (please delete as appropriate)

I would like to use Visa / MasterCard / AMEX / CAF CharityCard / Maestro (please delete as appropriate)

Card No. (Maestro only)

Expiry Date - Name of cardholder _____

Date / / Signature _____

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Just tick, and the MS Society can reclaim tax on every donation you make at no extra cost to you.

Yes, I would like the MS Society to Gift Aid all donations I have made in the past four years, today, and on all future donations.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed (25p from every £1 you donate) on all my donations in that tax year it is my responsibility to pay any difference. Please note Gift Aid is reclaimed by the charity from the tax you pay for the current tax year and your address is needed to identify you as a UK taxpayer.

No, I'm not a UK taxpayer.

Date: ___ / ___ / ___

