

Membership Form 2024/25

Please include the details of the person we should address the newsletters and any other correspondence to:

Mr Mrs Miss Ms Dr Other _____

First name(s)

Last name

Address

Post code

Phone number

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email address

Please tick this box if you would like to receive your newsletter by email

Does the person named above have a learning disability? Yes No

Please tell us the names of any other people in your household that you would like to include on the membership*:

Name	Do they have learning disability?

*Please note, people living in supported living/ residential establishments require their own individual membership. We can't include all residents on one membership.

As a member you can vote at the AGM (Annual General Meeting). The AGM will be on Thursday 27th February 2025 at 2:00pm, are you likely to attend?

Yes No Maybe

Would you like a reminder about the AGM (Annual General Meeting) nearer the time?

Yes No

Your Support for Wirral Mencap:

I would like to remain/ become a member and receive an electronic newsletter (by email)

£5

or

I would like to remain/ become a member and receive a paper copy of my newsletter

£10

I would like to include a donation with my membership

£5 £10 £20 Other: £_____

Payment Method:

I have made a BACS payment to Wirral Mencap

Bank: Lloyds Bank

or

Branch Sort Code: 30 15 52

I have set up an annual standing order

Account Number: 46256560

or

I have paid securely using the 'Donate Now' button on the Wirral Mencap website. www.wirralmencap.org.uk

Please remember to include your name.

or

I enclose a cheque made payable to Wirral Mencap

or

I will bring cash into the Wirral Mencap office

I would like to find out more about other ways I can support Wirral Mencap. I am interested in:

- | | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|--|
| Befriending <input type="checkbox"/> | Mentoring <input type="checkbox"/> | Fundraising <input type="checkbox"/> | Being a Trustee <input type="checkbox"/> |
| Volunteering <input type="checkbox"/> | Activities <input type="checkbox"/> | Office Admin <input type="checkbox"/> | Supporting other families <input type="checkbox"/> |

Gift Aid Declaration (If you are not a UK Taxpayer please ignore this section)

Please tick all relevant boxes. I want Wirral Mencap to reclaim 25p of tax on every £1 I have given. This applies to:

This payment/donation All payments/donations Future payments/donations
 made in the last 4 years

If I have ticked any of the boxes above, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Wirral Mencap to reclaim tax on the payment/ donation detailed on this form, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand Wirral Mencap will reclaim 25p of tax on every £1 that I have given.

Please sign here

Date

Return Address: Wirral Mencap, 42-44 Market Street, Birkenhead, CH41 5BT

Telephone: 0151 666 1829