

Your details

Your gift

I would like to make a donation to the Academy of Medical Sciences:

£1,000 I enclose a cheque / I have transferred funds directly into the Academy's bank account
(please delete as appropriate)
Or
I would like to donate £250/year starting on ____/____/2010 until ____/____/20____

£500 I enclose a cheque / I have transferred funds directly into the Academy's bank account
(please delete as appropriate)
Or
I would like to donate £125/year starting on ____/____/2010 until ____/____/20____

Other

£ _____ I enclose a cheque / I have transferred funds directly into the Academy's bank account
(please delete as appropriate)
Or
I would like to donate £ _____ per month/year (please delete as appropriate)
Starting on ____/____/2010 until ____/____/20____

Details for electronic transfer

Account name: The Academy of Medical Sciences
Account number: 00967418 Sort code: 30-00-08 Reference: 41020 and your initials and surname
Bank: Lloyds TSB, Pall Mall St James's, 8-10 Waterloo Place, London SW1Y 4BE
Please visit www.acmedsci.ac.uk for details on how to give online

Instruction to your bank or building society to pay by direct debit

Originator identification number 630030

To the Manager of: _____
(name of bank/building society)

Bank address: _____

Name of account holder: _____

Account number: _____ Branch sort code: _____ - _____ - _____

Quoting reference: _____
(initials and surname)

Please pay the Academy of Medical Sciences Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Academy of Medical Sciences and, if so, details will be passed electronically to my bank/building society.



I am a UK taxpayer and I would like the Academy of Medical Sciences to treat all donations I have made since 6 April 2000 as Gift Aid donations, until I notify you otherwise.
You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

To claim Gift Aid we require your home address: _____
Postcode: _____

Signed: _____ Date: _____

Thank you for supporting the Academy of Medical Sciences.

Please return this form to:
Sarah Porter, Fundraising Manager, The Academy of Medical Sciences, 10 Carlton House Terrace, London SW1Y 5AH