



# Cyclical Vomiting Syndrome Association UK

<http://www.cvsa.org.uk>

## Membership Form

**I wish to join CVSA and understand that I will receive bi-annual newsletters.**

**Tick as appropriate.**

I enclose a cheque for £20 as my first year's membership, I understand annual renewal is £10

Or,

I wish to donate by standing order the sum of £.....each month/year (delete as appropriate) and will send the completed standing order form to my bank.

If you are on income support or have other difficulty paying please contact the membership secretary, we may be able to waive the fee.

**Please indicate if you are a sufferer / parent / guardian / relative of sufferer / health care professional**

Title/s: Prof/Dr/Mr/Mrs/Ms/Miss/Other.....

Full name/s: .....

Address: .....

.....

..... Postcode: .....

Tel No (inc STD): ..... E-mail: .....

**Please tell us who suffers from CVS:-**

Title and full name of sufferer: .....

Date of birth: .....

Relationship: .....

Age at onset: .....

How did you hear about the CVSA? .....

.....

We will send a pdf format newsletter twice a year to the email address provided. If you'd prefer a printed copy to be posted please tick here. Please help us reduce costs by choosing email whenever possible

**Please make cheques payable to the 'Cyclical Vomiting Syndrome Association'**

**IMPORTANT:** Make your gift go further with *gift aid* - tax-free giving. **If you are a UK taxpayer**, please sign and date the declaration (see separate form) so that we can claim back some tax from the government at no extra cost to you.

(Please remember to tell us if you no longer pay enough tax to cover the money we claim from HMRC.)

Tick box if you **do not** want us to store the information provided on this sheet on computer.

Please be assured that contact details are not put on the internet or passed on to any other organisation. All information provided is kept confidentially within the CVSA committee.

However, research into CVS is extremely important and it may be possible that CVSA UK will be contacted for help in enlisting willing Research Participants to take part in a study sometime in the future.

Please tick the box if you **do not** want to be contacted for research purposes.

Signed

Date

**Please return both forms to Amanda O'Dwyer, 28 Courtman Road, Stanwick, Northants, NN9 6TG**



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## Gift Aid declaration – for past, present & future donations

Name of charity or Community Amateur Sports Club

### Cyclical Vomiting Syndrome Association

Please treat as Gift Aid donations all qualifying gifts of money made:

today [ ], in the past 4 years [ ], in the future [ ].

Please tick **all** boxes you wish to apply (usually all three).

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

#### Donor's details

Title ----- First name or initial(s) -----

Surname -----

Full home address -----  
-----

Postcode -----

Date -----

Signature -----

#### **Please notify the charity or CASC 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.*