

**Say Yes to transforming lives through research
and make a donation to Epilepsy Research UK**

Your name and address:

Staying in touch

We would like to keep you informed about our research, events, appeals and ways to get involved. If you would like to update the way you hear from us please give details below:

By post Yes No **By email** Yes No

Email address _____

You can change the way you hear from us at any time by email to supporters@eruk.org.uk, or by phone on 020 3096 7887. See our Privacy Policy on our website for further details.

I would like to make a donation of:

£15 £25 £50 £100 other £

I enclose a cheque/postal order/CAF voucher payable to Epilepsy Research UK

I wish to donate by credit/debit/Amex/CAF card (delete as appropriate)

Card No.

Expiry Date / Issue No.

Security Code (last three digits on signature strip or for AMEX cards the four digits above card number)

Signature

Date

giftaid it **Gift Aid Declaration – make your donation worth 25% more.**

Gift Aid of 25p for every £1 you donate can be reclaimed by the charity from the tax you pay for the current tax year. In order to Gift Aid your donation you must provide your name and home address, and tick the box below.

I want to Gift Aid this donation, and any donations I make in the future or have made in the past 4 years to Epilepsy Research UK. 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 sign and date above.**

**Thank you for your support.
Please return this form to:**

FREEPOST EPILEPSY RESEARCH UK
T: 020 3096 7887 E: info@eruk.org.uk
W: www.epilepsyresearch.org.uk

Say Yes to transforming lives through research.

A regular gift from you will ensure we can fund research for years to come.

epilepsy
research uk

I wish to make a regular donation by Standing Order

Please pay Epilepsy Research UK: £ each **month / quarter / year** (please delete as applicable)

Starting on: DD MM YY and thereafter until further notice.

Please allow 28 days before first payment date.

Signature	Date
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Account Name	Account No	Sort code
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Your Name and Address _____ _____ Postcode _____
Your Bank's Name and Address _____ _____ Postcode _____

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Bank Instructions: To the Manager: Please pay indicated amount on the date specified to: CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, ME19 4JQ, for the credit of Epilepsy Research UK.

For office use only: Account no. Sort code

Thank you. Please return this form to:
FREEPOST EPILEPSY RESEARCH UK

T: 020 3096 7887 E: info@eruk.org.uk W: www.epilepsyresearch.org.uk

Registered charity: 1100394 Registered address: Epilepsy Research UK, CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR