

MAIN APPLICANT'S DETAILS Please print your details carefully

Title..... Full Name.....

Address.....

.....Post Code.....

Phone.....Mobile.....

e-mail

Please ensure you print carefully and any hyphens-or_underscores are clear

Where did you hear about Asperger East Anglia (Please tick)

- GP
- Other medical or mental health service
- School
- College or University
- Parent Partnership
- Local Authority/Council
- Another charity
- Other (Please state).....

Do you have any comments you would like to pass on...

.....
.....



A supporter

Asperger East Anglia

**Asperger East Anglia
Charing Cross Centre
17 –19 St John Maddermarket
Norwich. NR2 1DN**

SUPPORT THE WORK OF ASPERGER EAST ANGLIA

By becoming a member of Asperger East Anglia your membership donation will allow us to help people in this area affected by Asperger syndrome. You will also receive our regular newsletters and have access to our reference library.

Please return this form with a cheque made payable to Asperger East Anglia or better still please complete the attached Standing order mandate to help us reduce bank and administration costs.

Recommended minimum annual membership donation:

(Please tick the appropriate box)

- Personal: £20**
- Family: £25** (for up to 6 family members)
- Concessions: £10** (if in receipt of benefits)
- Professional: £50**
- Organisation: £250** (includes £300 training allowance)

Optional. I would also like to make a donation to help Asperger East Anglia campaign for greater understanding and better services for people with Asperger syndrome and the people who care for them and support them.

Donation amount £.....

giftaid it

Are you a UK taxpayer?

If so, you can use Gift Aid to make your donation go further by telling HM Revenue and Customs to add tax already paid to your donation.

It doesn't cost you anything more and it increases the value of every £1 you donate by an extra 25 pence

- I would like to Gift Aid this donation and
- I would like to Gift Aid all future donations until further notice

To qualify for Gift Aid, you must pay income tax or capital gains tax at least equal the amount the charity will claim in the tax year.

Signature..... Date.....

FOR OFFICE USE ONLY

Date Application received.....

Membership donation received.....

Entered on membership database.....

Membership number.....

Supporters card issued

Standing order mandate sent to bank.....

Notes...



**Asperger East Anglia
Charing Cross Centre
17 -19 St John Maddermarket
Norwich. NR2 1DN**

STANDING ORDER MANDATE

To the Manager of...
Bank/Building Society.....

Address.....

.....

Please pay to the account of Asperger East Anglia,
Royal Bank of Scotland, 5 Queens Street, Norwich. NR2 4TL.
Sort Code 16-26-30 Account No. 10149046

Starting on... Day Month..... Year.....

and annually until further notice, the sum of £.....

Reference No. (AEA Use Only).....

Account Name.....

Sort Code-.....-..... Account No.....

Signature..... Date.....

Please do not forget to fill in the personal information on the back page then return your form to the freepost address below

Please note if you put a stamp on the envelope it helps us to keep our costs down.

Asperger East Anglia, **FREEPOST** Ref- RRZK-UGCK-GLUK, Charing Cross Centre, 17-19 St. John Maddermarket, Norwich, NR2 1BR