

MEMBERSHIP FORM



South Asian Health Foundation

Name.....

Address.....

Tel No.....Email.....

Job title / description

Organisation.....

Area(s) of interest.....

Please list me as a member of the South Asian Health Foundation Yes / No

Please keep me informed about future events and activities Yes / No

I am interested in organising and participating in events Yes / No

If you would like to make a donation:

I would like to make a donation of £

I enclose a cheque payable to the South Asian Health Foundation

I would like to arrange a standing order to the account of the South Asian Health Foundation (please complete the form below)

I want SAHF to treat my donation and any future donations as a *Gift Aid Donation and confirm I am a UK taxpayer – please tick if you agree

**(Gift Aid donations enable SAHF to reclaim approximately 25p for every £1 donated and also enable tax relief for higher rate taxpayers).*

Signed.....Date.....

(Your personal details will not be shared with any other outside organisation)

**Please return this form to South Asian Health Foundation,
Imperial College, Charing Cross Campus, Lab Block 11th floor, room 15,
Fulham Palace Road, London, W6 8RF**

South Asian Health Foundation
(Registered Charity No 1073178)
39 Westfield Road, Edgbaston, Birmingham,
West Midlands, B15 3QE

STANDING ORDER FORM

To: The Manager..... Bank (full name and address of your bank)
Bank Account Number.....Bank Sort Code.....--.....--.....
Account name.....
<p style="text-align: center;">Please pay The South Asian Health Foundation</p> <p>(Lloyds Bank, 'The South Asian Health Foundation', Sort Code 30-92-13, Account 02921938)</p> The sum of £..... in words
Each month starting on (date)
Please quote this reference number when transferring:.....

Name.....

Address.....

.....

Postcode.....

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

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