

## Order & Donations Form

**Please send me the following leaflets**

**General Information**

**Helpful information about nausea & vomiting in pregnancy**

**Helpful information for Carers**

**Treatments Available**

**What causes Pregnancy Sickness ?**

My name & postal address are :- .....

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

Leaflets are free but a donation of £2 per leaflet helps us to cover admin. costs and postage. Any additional donation will be spent in furthering the aims and objectives of the Trust in its caring and support of those experiencing nausea & vomiting in pregnancy.

Please find enclosed a Cheque or Postal Order for £..... payable to "Pregnancy Sickness Support"

I am a tax payer who is making a donation of £5 or more and I would like you to claim the tax back on my gift. Please fill in the Gift Aid Declaration and send it with this request.

We are sorry that it is not cost effective for us to take donations by Credit / Debit Cards at the moment other than via the website.

I would like to support Pregnancy Sickness Support by sending a regular gift by standing order.

## Standing Order Mandate

To Name of Bank.....

Address of Bank .....

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

Please pay Lloyds TSB Bank, Nuneaton. Sort Code 30 96 20

For the credit of "Pregnancy Sickness Support" Account Number 02564163

The sum of £..... Amount in words .....  
commencing on ..... (Date of first payment) and thereafter every  
..... (Due date and frequency) until further notice in writing or  
..... (Date of last payment). Please debit my/our account accordingly

Name of Account to be debited .....

Sort Code..... Account Number .....

Signature(s) ..... Date .....

(To help us to keep track of regular gifts please post this mandate to us and we will post it onto your bank)

## Gift Aid Declaration

Pregnancy Sickness Support, P.O. Box 3277, Nuneaton CV11 6ZL.  
Registered Charity No. 1094788

I, \_\_\_\_\_,  
(Title) (Surname) (First Names)

of \_\_\_\_\_  
(Full Address)

\_\_\_\_\_ Post Code \_\_\_\_\_

want the Pregnancy Sickness Support Trust to treat all donations I have made since 6th April 2000 and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid Donations.

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_

### Notes

1. Please notify us if you change your address.
2. You can cancel the declaration at any time by notifying us. It will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
3. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that we claim on your donations in the tax year (currently 28p for each £1 you give).
4. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that we reclaim, you can cancel your declaration (see note 2).
5. If you pay tax at the higher rate you can claim further tax relief in your self assessment tax return.
6. If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR113 Gift Aid.

### **Thank you for your support.**

Completing this declaration increases the value of your gift to Pregnancy Sickness Support, which allows us to further our aims and objectives.