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1 Yes, I want to help make life bearable for peo	ple living with IBS
Title (please tick): Mr Mrs Miss Ms Other	
First name	Surname
Address	
Postcode	Telephone
2 A Gift in my Will	
Please send me an information leaflet about leaving a gift in	my Will to The IBS Network, or you can call us on 0114 272 3253
I have already included a gift in my Will to The IBS Network.	
Thave already included a girt in my will to me ibs Network.	
3 I would like to give a one-off donation:	OR I would like to make a regular donation:
I would like to give a donation of £	In addition to my membership I would
	like to make a regular donation of:
I enclose a cheque or postal order made payable to The IBS Network OR	per month/quarter/year* *delete as appropriate
Please debit my Visa/Mastercard/CAFnCharity Card with the amount specified	starting on the 1st/15th of month 20
Card number	You can donate online at www.theibsnetwork.org/donate
	Tou can donate online at www.theibsnetwork.org/donate
Expiry date CVV No. (Last 3 numbers of signature strip)	Instruction to your Bank or DIRECT
	Building Society Please pay Charities Aid Foundation on behalf of The IBS Network,
	Direct Debits from the account detailed in this Instruction subject to
4 Keeping in touch and your privacy	the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Charities Aid Foundation and, if
We are very grateful for your support, every penny is	so, details will be passed electronically to my Bank/Building Society.
important to us. To reassure you, The IBS Network do not share personal details of our members with any other charity	Service User Number Reference Number (office use only)
or organisation, except for the processing of your membership.	6 9 1 2 1 3 Name(s) of Account Holder(s)
Gift Aid Declaration	
I am a UK tax payer and would like the charity to treat all donations I have made for the four years prior to this tax year and all donations	Bank/Building Society Account No. Branch Sort Code
I make from the date of this declaration until I notify you otherwise to be tax effective under the Gift Aid scheme. 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	Name and full postal address of you Bank or Building Society
that all t he charities or Community Amateur Sports Clubs (CASCs)	To: The Manager Bank/Building Society
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	Address
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.	Postcode
Tick to apply	Signature(s) of Account Holder(s)
The IBS Network	Signature(s)
Unit 1.16 SOAR Works, 14 Knutton Road, Sheffield S5 9NU.	Date

Registered Charity Number: 1173208

Banks and Building Societies may not accept Direct Debit instructions from some types of account.