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| **Your details** |
| Name: |       |
| Address: |       |
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| **Your gift**I would like to make a donation to the **Daniel Turnberg Memorial Fund** of: |
|  |
| [ ]  |  **Amount** | £      |
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| **Payment method** |
| [ ]  | I enclose a cheque or |
|  |
| [ ]  | I have transferred funds directly into the Academy’s bank account (details below) or |
|  |
| [ ]  | I have donated by credit card online via CAF Online: <https://www.cafonline.org/charityprofile/academyofmedicalsciences> or |
|  |
| [ ]  | I would like to donate by direct debit: | Option A | [ ]  | £250 per year |
|  |
|  | Option B | [ ]  | £125 per year |
|  |
|  | Option C | £      | [ ]  per month | [ ]  per year |
|  |
|  | starting on: |       |       |       |  until: |       |       |       |
|  (please ensure start date at least 2 months from today’s date) |

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| **Details for electronic transfer**Account name: The Academy of Medical Sciences Account number: 25039968 Sort code: 30-64-97 Reference: DTMF and your initials and surnameBank: Lloyds PLC, 12 Cavendish Place London W1G 9DJ  |

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| **Instruction to your bank or building society to pay by direct debit**Originator identification number 630030 |
| To the Manager of: |       |
|  | (name of bank/building society) |
| Bank address: |       |
| Name of account holder: |       |
| Account number: |       | Branch sort code: |       |       |       |
| Quoting reference: |       |  |
|  | (initials and surname) |
| Please pay the Academy of Medical Sciences Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Academy of Medical Sciences and, if so, details will be passed electronically to my bank/building society. |

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| Gift_Aid_30mm_black |
| [ ]  | I am a UK taxpayer and I would like the Academy of Medical Sciences to treat all donations I have made |
|  | as Gift Aid donations, until I notify you otherwise.You must pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that the charity will reclaim on your gifts for the current tax year.  |
| To claim Gift Aid we require your home address: |
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| Signed: |       | Date: |       |  |
| This form can be electronically signed and returned by email except where there is a Direct Debit instruction when it will need to be printed, signed and returned by post or fax |

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