



APPLICATION FORM

Please return to:

Mrs Kathy Cleveland
Water's Edge,
The Moorings, Govilon,
Abergavenny, NP7 9PA
Email: kacleveland1@btinternet.com

Your Details (Please use BLOCK CAPITALS)

Name:

Address:

Postcode:

Telephone:

Email:

Date of Birth: (optional)

Where do you exercise, please complete box:

Are you a UK taxpayer?

If so, every **£10** you give will be worth **£2.50** to us, at no cost to you - all you need to do is **tick the box** ✓

I enclose my friendship subscription of **£10 per year**. Cheques made payable to **North Gwent Cardiac Rehabilitation & Aftercare Charity** – please do not send cash in the post)

Yes! I would like the tax to be reclaimed on any eligible donations or friendship subscriptions that I have ever made or will make to the North Gwent Cardiac Rehabilitation and Aftercare Charity until further notice. I confirm that I pay an amount of UK income or capital gains tax at least equal to the tax that the Charity will reclaim.

Signature:

Date:

Data Protection

The personal information that you provide will be handled by the North Gwent Cardiac Rehabilitation and Aftercare Charity in accordance with the Data Protection Act 1998. It will only be used for the purpose of sending you information regarding the Charity and membership and will not be disclosed to any other parties, outside individuals or bodies. All your information will be destroyed on cancellation of your membership.