I want to make a donation to Burning Nights CRPS Support to help them be there for those affected by Complex Regional Pain Syndrome



Please fill in the form below and return it to us by post to: Burning Nights CRPS Support, 1 Alder Brook, Chinley, High Peak, Derbyshire SK23 6DN

| Personal Details | | | | |
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| Title | First Name | | Surname | |
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| • | come a part of our cam anyone else. Please che | . • | | We never share |
| Would you li | ke to receive our e-nev ke to her from us rega ould you like to hear fr | rding fundraisi <u>ng</u> | | ES: NO: O |
| Your Gift | | | | |
| | to make a gift of: £ | | | |
| L I enclo | se a cheque/postal ord | der made payable | to Burning Nights | s CRPS Support. |
| If you wish t | to pay by card please p | phone us on 01663 | 795055. | |
| Gift Aid Dec | laration | | | |
| • | IK tax payer you can boour donation you must tick | • | | |
| giftai | I am a UK taxpayer. Please treat all donations I make or have made to Burning Nights CRPS Support for the past four (4) years as Gift Aid donations until further notice. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. | | | |
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