



RSM Wall of Honour inscription application

1. I would like to honour:

Title: (Dr, Prof,Ms,Miss, Ms)

Due to limited space the RSM may need to edit Professor to 'Prof' and Doctor to 'Dr'

First name/initials

Family name

Post-nominal/medical qualification/honour (only include one)

Year of Birth

Year of Death (if applicable)

2. My details

Title: (Dr, Prof,Ms,Miss, Ms)

First name/initials

Family name

Address

Telephone

Email

Postcode

3. Your payment category

Membership Type	Debit/Credit card or cheque
RSM member	£2,000
Non-member	£2,500

Application continues overleaf...

Please send your completed form to:
Fundraising Department, The Royal Society of Medicine,
1 Wimpole Street, London, W1G 0AE
or email customerservices@rsm.ac.uk

4. GIFT AID DECLARATION (UK Tax Payers)

For donation to The Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE • CharityNumber 206219 • VAT Reg No 524 413671

First name/initials

Family name

Address

Postcode

I want the RSM to treat any donations I have made in its favour during this tax year and the previous four tax years, and any donations I make from the date of this declaration, as Gift Aid donations, until I notify you otherwise.

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 (currently 25p for each £1 given) on all my donations in that tax year, it is my responsibility to pay any difference.

Signature

Date

1. You can cancel this declaration at any time by notifying the RSM
2. If in the future your circumstances change and you no longer pay tax or sufficient tax, you should cancel the declaration by notifying the RSM
3. If you pay tax at the higher or additional rate you can claim further tax relief in your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the RSM, or refer to the Government website (www.gov.uk/donating-to-charity)
5. Please notify the RSM if you change your name or home address

5. Select your payment method

A. Credit or Debit card

Card Number

I wish to pay by:

- VISA
- MASTERCARD
- VISA DEBIT
- AMEX

Starts

Expires

CVV*

Signature(s)

*The last three digits (four for AMEX) on the signature strip on your card

Date

B. Cheque Charity voucher or charity cheque

I enclose a cheque for £

made payable to The Royal Society of Medicine