



THE

HUMAN GIVENS  
FOUNDATION

Offer of Support to the Human Givens Foundation  
Registered Charity No 1108432

To become a member to support the work of the Human Givens Foundation,  
please complete this form, print it out and send it to us at:  
The Human Givens Foundation, Chalvington, East Sussex BN27 3TD, UK.

## Payment Details for your LIFETIME INDIVIDUAL MEMBERSHIP

- I enclose a cheque made payable to the Human Givens Foundation for £3,000
- I enclose a CAF/other Charity voucher for £3,000
- I wish to pay by credit card (Switch/Visa/MasterCard), and I have completed the authorisation below to debit £3,000 from my account.

### Personal Details (\* Required Items)

Title\*: Mr / Mrs / Ms / Miss / Dr / Prof *(delete as appropriate)*

First Name\*: \_\_\_\_\_ Surname\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

\_\_\_\_\_ Town/City\*: \_\_\_\_\_

County: \_\_\_\_\_ Post Code\*: \_\_\_\_\_

Daytime Tel\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Profession\*: \_\_\_\_\_

*Gift Aid: I want the Human Givens Foundation to reclaim tax on this membership subscription. (I am a UK taxpayer and I have paid an amount of UK income or capital gains tax equal to any tax the HGF could reclaim.)*

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### Credit Card Details

Card Type: VISA / MasterCard / Switch *(delete as appropriate)*

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiry Date: mm/yy \_\_\_\_\_ Start Date: mm/yy \_\_\_\_\_

Issue Number: (Switch only) \_\_\_\_\_ Security Number *(Last three digits on the reverse of the card):* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_