



# HemiHelp

For Children and Young People with Hemiplegia

## OTHER FAMILY MEMBERSHIP FORM (Aunts, Uncles, Grandparents)

*Please complete your membership form and return to*

HemiHelp  
6 Market Road  
London  
N7 9PW

Office Tel: 0845 120 3713  
Helpline Tel: 0845 123 2372

**Correspondence to be sent to:**

\* Fields must be completed

**Title** (*Mr, Mrs, Miss, etc.*): ..... **First Name:**\* .....

**Last Name:**\* .....

**Address:**\* .....

.....

..... **Post Code:**\* .....

**Tel:** ..... **Mobile:** .....

**Email Address:** .....

Please tick this box if you **do not** wish us to send you HemiHelp updates and event news by email

**Details of person with hemiplegia**

**First Name:\***.....

**Last Name:\***.....

**Date of Birth:** (dd/mm/yy) .....

**Male or Female:**            M       F

**Main Language:**.....

**Ethnic Origin:**.....

**Which side of the body is affected by hemiplegia?**

Left                                  Right                     

**Do you think his/her hemiplegia is:**

Mild                                  Moderate                                            Severe                     

**Do you think he/she has always had hemiplegia?**

Yes                                  No                     

*If no, how did he/she acquire hemiplegia? .....*

**You and HemiHelp**

**How did you hear about HemiHelp?**

Physiotherapist                  Paediatrician                  GP           

Occupational Therapist       Internet Search

Other             (Please give details).....

Hospital                  GP Surgery                  Other           

*(Please give details).....*

**HemiHelp** has a nationwide **Local Groups** scheme which puts you in touch with other people affected by hemiplegia in your area and a **Pen Pal** scheme for children with hemiplegia (for children over 5 yrs). If you would like further information about either of these please tick below.

**Local Groups**

**Pen Pals**

**Please complete your membership by filling in the next page. You can pay by standing order or enclose a cheque made payable to 'HemiHelp'. Credit Card payments can be taken by calling the office on 0845 120 3713, or pay securely online and follow the Donate link on the homepage [www.hemihelp.org.uk](http://www.hemihelp.org.uk)**

**PLEASE ENROL ME AS A MEMBER OF HEMIHELP**

By becoming a member of HemiHelp I understand and accept that any information pertaining to me will be held securely on a confidential database under the rules of the Data Protection Act and will be for the exclusive use of HemiHelp, who undertake not to disclose this information to any other organisations without my prior written consent.

Signed: .....Date (dd/mm/yy): ...../...../.....

***Your membership fee covers the cost of your quarterly magazine and your membership support for a year.\**** Setting up a standing order greatly reduces administration costs, which means that more of your money goes directly towards supporting HemiHelp. This is an easy way for you to help HemiHelp and automatically keep your subscription up to date.

***Please tick your preferred method of payment:***

- Standing Order (complete 1&2 below)                       Credit Card (by phone)  
 Online     Cheque

***Please tick your preferred contribution :***

- £20 (annual membership)     £150 (life membership)

***To set up a standing order please complete 1 & 2 and we'll send it to your bank for you:***

***1. Your bank details:***

Name(s) of account holder: .....

Account number: ..... Sort Code:.....- ..... - .....

Bank /Building Society: .....

Branch Address:.....

.....

..... Post Code: .....

Please quote reference (e.g J Jones).....

Signed: ..... Date (dd/mm/yy):.....

***Details of organisation you wish to pay:***

HemiHelp - HSBC Bank - A/C #: 91493647 - Sort Code: 40 - 01 - 07

***2. Payment details:***

Amount of first payment £.....

Date of 1st payment (at least 3weeks in advance) ..... (1 January 2009)

Amount of regular payment £.....

Amount of regular payment (in words) .....

Frequency of payments (please delete) **annually/ quarterly/ monthly, until further notice**

To be paid on the (please complete) .....

..... (e.g the first working day every 3 months)

\*Please contact the office if your financial circumstances present difficulties in payment of the membership fee

**Your membership subscription covers the cost of your quarterly magazine and your membership support for a year.\*** Setting up a direct debit greatly reduces administration costs, which means that more of your money goes directly towards supporting HemiHelp. This is an easy way for you to help HemiHelp and automatically keep your subscription up to date.

**Please tick your preferred method of payment:**

- Direct Debit (complete form on the reverse)     Credit Card (by phone)  
 Online     Cheque (payable to 'HemiHelp')

**Please tick your preferred contribution :**

- £20 (annual membership)     £150 (life membership)

CAF Unique Ref No.:

FS2021

*giftaid it*

Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your membership subscription go further.

This means that £10 can be turned into £12.80 and £20 can be turned into £25.60, just so long as Membership Subscriptions are made through Gift Aid. Imagine what a difference that could make and it doesn't cost you a thing.

So if you want your membership subscription to go further, Gift Aid it. Just complete this form and send it back to us.

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

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

Post Code: \_\_\_\_\_

*I wish all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, to be treated as Gift Aid donation.*

*I also confirm that I pay UK income tax or capital gains tax at least equal the amount we will claim in the tax year.*

**I WISH TO MAKE A REGULAR MEMBERSHIP SUBSCRIPTION BY DIRECT DEBIT OF**

£ \_\_\_\_\_ quarterly / annually. Commencing \_\_\_\_\_ 20\_\_

Please complete the mandate below.

**Instruction to your Bank or Building Society to pay by Direct Debit**



Please send this completed instruction to:

HemiHelp,  
6 Market Road,  
London, N7 9PW

SERVICE USER NUMBER

6	9	0	6	4	1
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CAF Ref No. FS2021

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/ Building Society.

Date of first payment on or after;

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Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms
Address
Post Code

Instruction to your Bank or Building Society.

Please pay CAF Re HemiHelp 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 CAF Re HemiHelp and if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

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Branch Sort Code

--	--	--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank/ Building Society

To: The Manager
Address
Post Code

Signature

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Date:

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**Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.**

This guarantee should be detached by the payer

**The Direct Debit Guarantee**



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit CAF re. HemiHelp will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF re. HemiHelp to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by CAF re. HemiHelp or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when CAF re. HemiHelp asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.