# RoadPeace Membership

● RoadPeace, Shakespeare Business Centre, 245a Coldharbour Lane, London, SW9 8RR
● Tel 020 7733 1603 ● Fax 020 7733 5210 ● Helpline 0845 4500 355
● email info@roadpeace.org ● www.roadpeace.org

**Membership of RoadPeace is by donation - please give whatever you can afford**

❑ **I would like to become a member of RoadPeace** ❑ **I am making a donation**

Full Name(s) ..... (as you wish it to appear on mailings)

Address.....

..... Post Code .....

Telephone.....

E-mail.....

MP's Name and Constituency (if known).....

❑ I have filled in the Standing Order form below

❑ I enclose a cheque / postal order / CAF voucher for ❑£75 ❑£50 ❑£25 ❑Other £____

❑ Please debit my Mastercard/Visa/Maestro card *(delete as appropriate)*

❑ £75 ❑ £50 ❑ £25 ❑ Other £.....

Credit / Debit Card number

| | | | | | | | | | | | | | | | |
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Expiry date | | | / | | | Switch / Maestro cards only: Start date | | | / | | | or Issue Number | |

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**Are you a UK tax payer?** If so, please tick the box below so that we can reclaim tax on this and any future membership payments or donations you may make. To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that we will reclaim on your donation in the appropriate tax year (currently 25p for each £1 given).

❑ I would like to Gift Aid this and all future membership payments/donations until further notice.

Signature……..Date .....

## Some more information about you

It would help us greatly in our work to know something about your experiences and concerns. We would be very grateful if you could tick the boxes that apply to you.

❑ Bereaved as a result of a road crash
❑ Suffered serious injury from a road crash
❑ Concerned about road danger
❑ Have a professional interest in road danger reduction
❑ Would like to help the work of RoadPeace, please get in touch by email/phone
❑ Agree to my/our details being passed on to the media to highlight my/our concerns

## ● *Yes, I'll support RoadPeace with a Standing Order*

Name (account holder): .....

Name of Bank: .....

Full Address of Bank.....

Account Number ..... Sort Code ..... / ..... / .....

Please pay: ❑£3 ❑£5 ❑£10 ❑other £..... monthly / annually, until further notice, commencing ..... /...../.....

to RoadPeace, A/C No. 00088822, CAF Bank Ltd, PO Box 289, Kings Hill, West Malling, Kent, ME19 4TA , Sort Code 40-52-40. Please quote reference below on payee's statement.

Signature(s) ..... Date.....

Reference .....(*To be completed by RoadPeace.*)

**NOTE TO BANK** **The full reference must be quoted or we will be unable to identify the payment.**

***Please return this form to RoadPeace at the above address***