

Gift Aid

Please tick the following if applicable

- I confirm that I pay Income Tax or Capital Gains Tax. If this changes I will notify the Charity immediately.
- All donations I have made since 6th April 2000 and all donations I make hereafter, I want COMPASS to reclaim tax on, until I notify the Charity otherwise.

Signed.....

Date.....

Please note

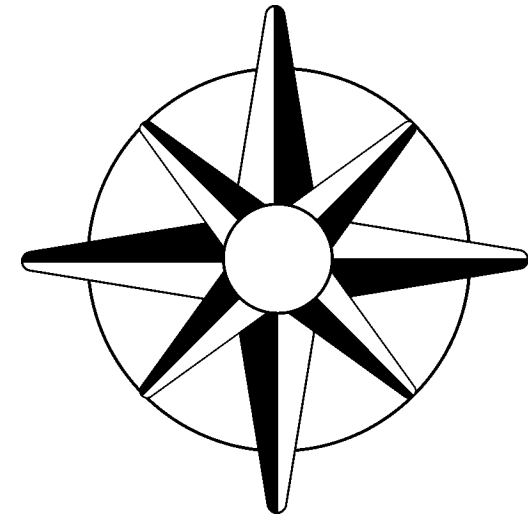
- ★ Tax requirement: A donor must pay an amount of income tax or capital gains tax equal to the tax we reclaim on donations (28p for each £1 you give).
- ★ Cancellation Rights: This gift aid declaration may be cancelled at any time by the donor.

We confirm that all details will be kept confidential.

**Registered charity no : 700335
Company Limited by Guarantee Reg : 2235061**



**COUNSELLING ON MERSEYSIDE PASTORAL
AND SUPPORTING SERVICE**



Membership

Membership is open to all those involved in COMPASS, and anyone who wishes to support COMPASS and keep in touch with its work.

Members receive a copy of the Annual Report, and can vote at the Annual General Meeting. **The annual subscription for individual membership is: £15.00 (£10 if unwaged).**

Or, why not encourage your church or group to affiliate as a group member.

The annual subscription for affiliated members is £25.00. Group members receive a copy of the Annual Report and are entitled to one vote per group at the Annual General Meeting.

Please make cheques payable to COMPASS.

Please send your completed form and payment to :

**COMPASS
151 Dale Street
Liverpool
L2 2AH**

**Tel : 0151 237 3993
Fax : 0151 237 3994**

**Email:
enquiries@compass-counselling.org.uk
www.compass-counselling.org.uk**

MEMBERSHIP APPLICATION

- I wish to enroll as a Member of COMPASS and enclose £15.00 as my first annual subscription. (£10 if unwaged)
- We wish to enroll as an Affiliated Group of COMPASS and enclose £25.00 as our first annual subscription.
- I/We would like to make an additional voluntary donation towards the work of COMPASS and have increased the amount of the subscription by
- £.....
- I/We wish to pay by standing order.

Name	
Address	
Telephone	Date

To Gift Aid your subscription – Please turn the page