



thank you

tick  
the tock club

Application for Membership

The child first and always



Tick Tock Club Membership Pledge

I wish to become a Member of the Tick Tock Club and would like to make a donation of (please tick as appropriate)

☐ £15,000, the first of five donations or

☐ £25,000, the first of three donations or

☐ £75,000, as a single donation

☐ Other (please specify)

Title

First name

Surname

Home address

Postcode

Date of birth

Preferred correspondence address (if different from above)

Postcode

If you would be happy to receive communications from the Tick Tock Club by email or telephone, please provide your details below. We will not share this with any third parties.

Email

Telephone

We would like to recognise you as a Member of the Tick Tock Club on a plaque within the hospital and in printed materials and publications such as this brochure. Please specify how you would like to be listed or indicate if you would like to remain anonymous.

Signature

Date

Great Ormond Street Hospital Children's Charity will process the information you provide in accordance with the Data Protection Act 1998.

Methods of donating

If you would like to make a donation by phone, bank transfer or a gift of shares, please call the Tick Tock Club on 020 3841 3133.

**Cheques** to be made payable to: Great Ormond Street Hospital Children's Charity – the Tick Tock Club

To make a donation by **credit or debit card**, please complete the details below:

Visa / Mastercard / Amex / Switch / Other (please specify)

Card number

Valid from

/

Expiry date

/

Issue number (Maestro)

Secure code (last three digits on signature strip)

Gift Aid declaration

☐ I am a UK taxpayer and would like Great Ormond Street Hospital Children's Charity to reclaim tax on the donations I have made in the last four years and any future gifts I make. I understand that if I pay less Income and/or Capital Gains Tax than the amount claimed on all my donations in that tax year (6th April–5th April) it is my responsibility to pay any difference.

Please notify the Charity if you want to cancel this declaration, change your name or full home address, no longer pay sufficient tax on your Income or Capital Gains. If you are a higher rate tax payer you can claim personal tax relief via a Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Date

/

/

Please return the completed form (with your payment) in the envelope provided to: Heather Roberts, Appeal Manager, The Tick Tock Club, Great Ormond Street Hospital Children's Charity, 40 Bernard Street, London WC1N 1LE.

**Thank you for supporting Great Ormond Street Hospital Children's Charity by becoming a Member of the Tick Tock Club. Your generous donations will help us to create a state-of-the-art surgery centre.**

It is essential that you complete this section

(this is not part of the instruction to your bank or building society)

Name

Address

Postcode

I would like to make an annual donation to the sum of £

for a period of three/five years. (delete as applicable)

Please start my payments on the 1st ☐ 5th ☐ 15th ☐ of each month. (please tick one)

**Instruction to your bank or building society to pay by Direct Debit**  
Please complete and return this form to Great Ormond Street Hospital Children's Charity,  
40 Bernard Street, LONDON, WC1N 1LE.

Name and full postal address of your bank/building society

Address

Postcode

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

Reference number

Banks and building societies may not accept Direct Debit instructions for some types of account.

Service User Number  
**6 7 0 7 1 8**

Instruction to your bank or building society  
Please pay Great Ormond Street Hospital Children's Charity direct 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 Great Ormond Street Hospital Children's Charity and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

**This guarantee should be detached and retained 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, Great Ormond Street Hospital Children's Charity will notify you in 15 working days in advance of your account being debited, or as otherwise agreed. If you request Great Ormond Street Hospital Children's Charity 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 Great Ormond Street Hospital Children's Charity 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 Great Ormond Street Hospital Children's Charity 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.