

# AREF GIVING IN CELEBRATION FORM



Strengthening health research capacity in Africa

## Personal Details

|               |                      |         |                      |
|---------------|----------------------|---------|----------------------|
| Title         | <input type="text"/> | Surname | <input type="text"/> |
| First Name(s) | <input type="text"/> |         |                      |
| Email         | <input type="text"/> |         |                      |
| Telephone     | <input type="text"/> | Mobile  | <input type="text"/> |
| Address       | <input type="text"/> |         |                      |
| Post code     | <input type="text"/> | Country | <input type="text"/> |

## Make a Single Gift

I would like to donate £  to the **Africa Research Excellence Fund (AREF)**

In celebration of

Method of donation  Bank transfer  Cash  Cheque

## Make a Regular Gift (Standing Order)

I would like to donate £  to the **Africa Research Excellence Fund (AREF)**

Frequency  Monthly  Quarterly  Biannually  Annually

Please send your donation via:

### 1. Bank transfer

Lloyds TSB  
Account name: **Africa Research Excellence Fund**  
Account number: **30044168**  
Sort code: **30-97-81**  
IBAN: **GB91LOYD30978130044168**  
SWIFT: **LOYDGB21034**

### 2. Cheque

Please make the cheque payable to:  
**Africa Research Excellence Fund**  
Please mail the cheque to:  
**Medical Research Foundation (AREF)**  
**C/o Medical Research Council**  
**One Kemble Street**  
**London WC2B 4AN**

## Gift Aid Declaration

**Boost your donation by 25p of Gift Aid for every £1 you donate.**

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Africa Research Excellence Fund. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please notify us if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income.

Signature  Date

- I do not wish to appear on the annual public list of donors in print or online
- Please send me advice on including the **Africa Research Excellence Fund** in my Will

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## Keeping in touch

**AREF would like to keep you up to date with our progress and how you are helping us to achieve it. We will keep your details safe and you can change your preferences at any time.**

**Please choose how we can stay in touch:**

- Yes please, I'd like to hear from you by email.
- Yes please, I'd like to hear from you by post.
- Yes please, I'd like to hear from you by phone.

  
  

- No thanks, please do not contact me by email.
- No thanks, please do not contact me by post.
- No thanks, please do not contact me by phone.

  
  

Africa Research Excellence Fund, c/o Medical Research Council, One Kemble Street, London, WC2B 4AN

<https://africaresearchexcellencefund.org.uk>

Email: [aref@mrf.mrc.ac.uk](mailto:aref@mrf.mrc.ac.uk)



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