**

**Mailing Sign Up Form**

*Raising funds to help make a positive difference for people living with sight loss in West Sussex*

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| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Emergency Contact Name:  | Name: Relationship:**Tel:** |

**Permission to record and use your personal information**

In line with new General Data Protection Regulation coming in force on 25th May 2018, we now need to ask for your specific consent to record, store and use your personal data. All information will be stored on a secured database. You have the right, at any time, to remove your details. For further information, please see the 4Sight Vision Support Privacy note on our website: [www.4Sight.org.uk](http://www.4Sight.org.uk).

**I agree to 4Sight Vision Support recording and storing information about me**

* **Yes**
* **No**

**I confirm I wish to receive information on 4Sight Vision Support services, including fundraising events**

* **Yes**
* **No**

**If yes, please indicate how we may contact you, via**

* **Post**
* **Email**
* **Telephone**

**Please send completed forms to 4Sight Vision Support, 36 Victoria Drive, Bognor Regis, PO21 2TE or email** **enquiries@4sight.org.uk**