Are you the 1 in 7?
More than just a headache

Migraine is a complex neurological condition, which can affect the whole body and can result in many symptoms, sometimes without a headache at all. Symptoms will not be the same for everyone and may include:

Head pain

Abdominal pain

Visual changes (blind spots, zig-zags, flashing lights, etc.)

Feeling sensitive to light, sound or smells

Pins and needles

Nausea or vomiting

Tingling or numbness

Dizziness or vertigo

Difficulty in concentrating

Slurring or speech problems
The facts

- 1 in 7 people in the UK suffer from migraine
- 190,000 migraine attacks happen every day in the UK
- It is the leading cause of disability among all neurological disorders
- The World Health Organisation has rated migraine as the 6th highest cause worldwide of years lost due to disability
- There is no cure for migraine
- In the UK, migraine is more prevalent than asthma, epilepsy and diabetes combined
- Absenteeism from migraine costs the UK over £2 billion per year!

Until there is a cure, Migraine Action is here to help
We are your voice

Migraine is a very misunderstood condition. That’s why we work to raise awareness about the realities of living with migraine amongst the general public and challenge misconceptions of migraine.

We strive to ensure that no one is misdiagnosed, misunderstood or missing out.

Help us continue to be there tomorrow.
Become a member

For only £25 a year, become a member of Migraine Action and receive all these great benefits:

• Challenging Migraine quarterly magazine, including latest treatments, research & top tips for managing attacks

• Discounted entry to our Migraine Insight events all over the UK

• 50% off our Specialist Nurse service

• Monthly e-newsletters

• Invitations to the latest research studies

• The chance to meet others affected by migraine as part of the Migraine Action community

Helpline: 08456 011 033*

info@migraine.org.uk

Follow us @MigraineAction

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migraine.org.uk
Join Migraine Action

To join as a member of Migraine Action complete the form and send freepost to:

Freepost RSBG-ULXS-XKTE
Migraine Action
4th Floor
27 East Street
Leicester
LE1 6NB

Or to find out more information email us at info@migraine.org.uk

or call 08456 011 033*
Personal details

Title: Dr / Mr / Mrs / Miss / Ms / Other .................................................................
First name: ...................................... Last name: ..............................................
Address: ..............................................................................................................
Telephone: ........................................ Email: ...................................................

I would like to join as a member (£25.00 p.a.)   ☐ Volunteer/ambassador   ☐
Become a regular giver                             ☐ Media volunteer   ☐

Add 25p to every pound you donate at no extra cost to you, just tick the box below:
☐ I am a UK taxpayer and I agree to Migraine Action claiming tax on all past, present and future donations I make to the charity. Please treat my donations as Gift Aid donations.

By ticking this box I confirm that I am paying or will pay an amount of Income Tax and/or Capital Gains Tax to cover the amount Migraine Action and any other charities or Community Amateur Sports Clubs (CASCs) will reclaim for the tax year (6th April one year to 5th April the next year). Council Tax and VAT do not qualify towards Gift Aid. Migraine Action will reclaim 25p of tax for every £1 that has been given.

Please state your donation amount
I would like to donate £............. on a monthly/annual/one-off basis by
direct debit/cheque/credit or debit card (please delete as appropriate)

Ways to pay

By Debit/Credit card

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

For the amount of £ ........................................ Security code □□□
Debit/credit card no. ................................................................................................
Valid from □□□□ Expiry date □□□□ Issue no. □ □

Name on card ...........................................................................................................
Signature .............................................................................................................. Date ......... / ....... / .......

For Maestro cardholders only
To pay by Direct Debit

Please complete this form in **BLACK INK** with capitals and return to Migraine Action

To the manager of: (your bank)........................................................................................................

Branch address: ....................................................................................................................................

Postcode: ............................................................................................................................................... 

Name(s) of account holder(s): Account no:.........................................................................................

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           Service user number: 631026

**Instruction to your bank/building society**

Please pay Migraine Action Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand this instruction may remain with Migraine Action and, if so, details may be passed electronically to my bank/building society.

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

Office use: □□□□□□□□□□□□

Banks / Building Societies may not accept Direct Debit instructions for some types of accounts.

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 Migraine Action will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Migraine Action 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 Migraine Action 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 Migraine Action 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.

To pay by Cheque, Postal Order or CAF Voucher

Please make your cheque, postal order or CAF voucher made payable to **Migraine Action** and enclose it with your completed form.

4th Floor, 27 East Street, Leicester. LE1 6NB

*Helpline calls cost 5p per minute plus your phone company’s access charge

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