In Memory Donation Form

Arrhythmia Alliance
The Heart Rhythm Charity
www.heartrhythmcharity.org.uk

Your details

Title_____ First Name(s)_____ Surname_____
Address_____
_____ Postcode_____
Email_____ Phone number_____

If you would like more info from Arrhythmia Alliance, please tick preferred method(s) of contact: Email ☐ Post ☐ Phone ☐

Your donation

I am donating in Memory of _____ Relationship_____

Once we have received your in memoriam donation, we will send you a letter of thanks, and where possible, we also send a personal letter to the next of kin with total amounts raised.

Please tick method of payment & complete relevant section:

☐ I enclose a cheque made payable to 'Arrhythmia Alliance' for £_____

☐ or Please debit my credit/debit card for £_____

Card type (maestro/visa/mastercard)_____ Valid from MM/YY Expiry date MM/YY
Card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 3-digit Security no. ☐☐☐

☐ or I would like to set up a regular standing order for £_____ starting on DD/MM/YYYY

To be paid: Monthly ☐ Quarterly ☐ Annually ☐
My bank name _____Bank address_____
_____
Account no. ☐☐☐☐☐☐☐☐ Sort code ☐☐☐☐☐☐

Payable to: Arrhythmia Alliance, Account no. 02685818, Sort code 30-98-26,
Lloyds TSB Plc, 22 Bridge Street, Stratford upon Avon, CV37 6AG

Please note you can cancel your standing order at any time by contacting your bank.

Giftaid

If you pay UK Tax, the Government will give us 25% on top of your donation at no cost to you.

Please tick all Giftaid* boxes you wish to apply:

Today ☐ In the past 4yrs ☐ All future donations, (unless I notify you otherwise) ☐

**I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.*

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 and/or capital gains.

Your Signature

Signature _____ Date DD/MM/YYYY

Post me to: Arrhythmia Alliance, PO Box 3697, Stratford upon Avon, Warwickshire, CV37 8YL

If you have any queries please do not hesitate to call us on 01789 867501

Registered charity number 1107496

FRSB FundRaising Standards Board