Donation Form
Defibs Save Lives

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

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 _______ Expiry date _______
   Card no. _________________________________ 3-digit Security no. ______

□ or I would like to set up a regular standing order for £______ starting on _______
   To be paid: __ Monthly □ Quarterly □ Annually □
   My bank name ____________________________ Bank address___________________________
   ______________________________________
   Payable to: Arrhythmia Alliance, account no. 02685818, sort code 30-98-26
   Lloyds TSB Plc, 22 Bridge Street, Stratford upon Avon, CV37 6AG

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 wish your donation to go towards a particular campaign please state_________________________