

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 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

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 _____