

Donation Form

Your details

Title _____
First Name(s) _____ Surname _____
Address _____

Postcode _____
Email _____ Phone number _____

Your donation

Please tick method of payment & complete relevant section:

I would like to set up a regular **standing order** for £_____ starting on DD/MM/YYYY
To be paid: Monthly Annually (please allow 14 days)
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*

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

or I would like to pay for this year only using my **credit/debit card** (please call 01789 867501)

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

Gift Aid

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

In order to Gift Aid your donation you must tick the box below:

*I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to STARS

**I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. 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 address is needed to identify you as a current UK taxpayer.*

Your Signature

Signature _____ Date DD/MM/YYYY

[] Yes, please keep my details on your database [] No, I do not want you to contact me
Post me to: Arrhythmia Alliance, 15 Warwick Road, Stratford upon Avon, Warwickshire, CV37 6YW

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