

Donation Form

Your details

Title _____ First Name(s) _____ Surname _____

Address _____

Postcode _____

Email _____ Phone number _____

If you would like more info from AF Association, 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 'AF Association' 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: Atrial Fibrillation Association, Account no. 02976561, Sort code 30-98-26
Lloyds TSB Plc, 22 Bridge Street, Stratford upon Avon, CV37 6AG

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 AF Association.

**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

Post me to: AF Association, 6B Essex House, Cromwell Business Park, Chipping Norton, OX7 5SR

If you have any queries please do not hesitate to call us on 01789 867502