

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 enclose a **cheque** made payable to 'STARS' 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
 Please allow at least 14 days
- To be paid: Monthly Quarterly Annually
 My bank name _____ Bank address _____
- Account no. Sort code
- Payable to: Syncope Trust And Reflex anoxic Seizures, Account no. 02455170, 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.

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 to hear from you anymore.

Post me to: STARS, 15 Warwick Road, Stratford upon Avon, Warwickshire CV37 6YW
 If you have any queries please do not hesitate to call us on 01789 867503