Donation Form



Title	
First Name(s)	Surname
Address	
Postcode	
Email	Phone number
Your donation	
Please tick method of pa	yment & complete relevant section:
To be paid: Mo	nthly Annually Annually (please allow 14 days) Bank address
Account no. Pa	yable 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 chec	ue made payable to 'Arrhythmia Alliance' for £
or I would like to p	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 Gov	vernment will give us 25% on top of your donation at no cost to you.
In order to Gift Aid your donat	ion you must tick the box below:
	d my donation of £ and any donations I make in the future the past 4 years to STARS
tax year it is my responsibility to pay a	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 ny difference. Please notify us if you want to cancel this declaration, change your name or home address or no longer n 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 ked me Post me to: Ar	ep my details on your database [] No, I do not want you to contact rhythmia Alliance, Celixir House, Stratford Business & Technology Park, ford-upon-Avon, Warwickshire, CV37 7GZ

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