

## **Donation Form**

T:41.	First Name (a)	Cumana
	First Name(s) ss	Surname
Auuress		- · ·
Email		Phone number
Vol	ır donation	
	e tick method of payment & c	complete relevant section:
☐ I e	nclose a cheque made payab	le to `STARS' for £
□ or	Please debit my credit/debit	card for £
v.	<u>-</u>	stercard) Valid from MM/YY Expiry date MM/YY
	Card no.	• •
or	I would like to set up a regula	ar standing order for £ starting on DD/MM/YYYY
		Please allow at least 14 days
		Quarterly Annually Dept. Annually
	My bank name	Bank address
	Account no.	Sort code
	<del></del>	flex 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 cance	el your standing order at any time by contacting your bank.
Gift	Aid	
		rill give us 25% on top of your donation at no cost to you.
In order t	o Gift Aid your donation you must	tick the box below:
Г	*I want to Gift Aid my donation	
L	or have made in the past 4 year	·
#1 111 <i>/</i>		
		ncome Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in tha lease notify us if you want to cancel this declaration, change your name or home address or no long
	pay sufficient tax on your income and	d/or capital gains. Your address is needed to identify you as a current UK taxpayer.
Your	Signature	
ignatur	e	Date DD/MM/YYYY
] Yes,	please keep my details on yo	our database [ ] No, I do not want to hear from you anymore.
		use, Stratford Business & Technology Park, Innovation Varwickshire, CV277G7

If you have any queries please do not hesitate to call us on 01789 867503