Air Ambulance
Kent Surrey Sussex

Regular Donation

Please complete the form and return it to FREEPOST Air Ambulance Kent Surrey Sussex (no stamp or other address details required). If you need help completing this form, please call us on 01634 471 900.

There are many ways that a regular donation could help to save lives. Your support makes such a difference - **thank you.**

Mr / Mrs / Miss / Other _____

First name _____

Surname _____

Address _____

_____

_____

_____ Postcode _____

Telephone _____

Email address _____

We would love to keep in touch to tell you how your support is making a difference and helping us to save lives. We will write to you from time to time to update you about what's going on here at the charity, and how you can continue to help us. If you would prefer we kept in touch by email instead, please tick this box ☐

We care about our supporters as much as we care about our patients and will always respect your wishes. If you would rather we didn't keep in touch at all, please tick this box ☐

I wish to contribute (please tick amount)

☐ **£10 per month** ☐ **£25 per month**

£ _____ **Other amount** (please specify)

Increase your donation at no extra cost to you...

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☐ I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Kent, Surrey & Sussex Air Ambulance Trust. I understand the charity will reclaim 25p of tax on every £1 that I give. 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. I understand that other taxes such as VAT and Council Tax do not qualify. I will notify the charity if I want to cancel this declaration, change my name or home address, or no longer pay sufficient tax on my income and/or capital gains.

Signature _____

Date _____

DIRECT Debit

Service User Number

2	8	8	2	2	6

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

Reference Number

For Kent, Surrey & Sussex Air Ambulance Trust Official Use Only

This is not part of the instruction to your Bank or Building Society

I wish to make a regular donation and pay:

☐ £10 per month ☐ £25 per month

☐ Other amount (please specify) £ _____

I wish to pay monthly and be debited on the:

☐ 1st ☐ 15th

Instruction to your Bank or Building Society to pay by Direct Debit

Please pay Kent, Surrey & Sussex Air Ambulance Trust Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Kent, Surrey & Sussex Air Ambulance Trust and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account.