

# COULD YOU HELP SUPPORT THE LIFESAVERS IN THE SKY?



## DONATION FORM

**To make a donation to the County Air Ambulance Trust please complete your details and send to the Fundraising Office at the address below. Thank you for your support.**

Please complete in block capitals

Title ..... First Name ..... Surname .....

Company (if applicable) .....

Address .....

..... Post Code .....

Telephone ..... Mobile .....

Email .....

Reason for donation .....

**Gift Aid** – Please treat my donation as a Gift Aid Donation and claim back an extra 28p on every £1 that I give. I confirm that I am a UK tax payer. I pay an amount of income tax or capital gains tax at least equal to the tax that the County Air Ambulance Trust will reclaim from the Inland Revenue on my donations in the tax year.

Today's date: ..... Signature: .....

Under the terms of the Data Protection Act, you have the right to advise us at any time if you do not wish to receive further mailings from the County Air Ambulance Trust or other organisations with whom we co-operate.

I enclose a donation of £ ..... (Please make cheques payable to: County Air Ambulance Trust)

I would like to pay by: (tick as appropriate)

MASTERCARD  VISA  CAF (CHARITY CARD)

Card No:

Valid from:   /   Card Expiry date:   /

3 digit security No. (on back of card)    Issue No. (If applicable)

### County Air Ambulance Trust Fundraising Office:

County Air Ambulance Trust, P.O. Box 999, Green Lane, Walsall WS2 7YX

Tel: 01922 618058 Fax: 01922 618116

[www.countyairambulancetrust.co.uk](http://www.countyairambulancetrust.co.uk) Email: [info@countyairambulancetrust.co.uk](mailto:info@countyairambulancetrust.co.uk)

The Independent Charity Registered Charity Number: 1057063