



HELP Appeal

Helicopter Emergency Landing Pads



County
Air Ambulance
Trust



DONATION FORM

To make a donation to the HELP Appeal 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

I enclose a donation of £ (Please make cheques payable to: HELP Appeal)

Reason for donation

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)

Today's date: Signature:

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.

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.

HELP Appeal Fundraising Office:

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

Tel: 01922 618058 Fax: 01922 618116

www.helpappeal.org.uk Email: info@helpappeal.org.uk

The Independent Charity Registered Charity Number: 1057063

COULD YOU HELP SUPPORT THE LIFESAVERS IN THE SKY WITH A REGULAR DONATION?



STANDING ORDER FORM

To make a regular donation to the County Air Ambulance Trust please provide 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

Address

..... Post Code

Telephone Mobile

Email

Standing Order Instructions

To the Manager of: Bank

Branch Address:

..... Post Code

Please debit my Bank Account:

Account Number: Bank Sort Code:

Name of Account: The Sum of: £ - (figures)

Amount in Words:

Every (state frequency): Date of first Payment: / / (figures)
Day Month Year

For the credit of: The County Air Ambulance Trust. Please pay to:

Lloyds TSB Bank plc, The Bridge, Walsall, WS1 1LU

Sort Code: 30-99-06 Account: 02641882

Today's date: Signature:

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