



HELP Appeal

Helicopter Emergency Landing Pads



County
Air Ambulance
Trust

PO BOX 999
Green Lane
Walsall
WS27YX

LADIES DRIVING EXPERIENCE DEPOSIT PAYMENT FORM

Title First Name Surname.....

Company (if applicable)

Address.....

.....

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

Telephone Mobile

Email.....

Today's date:

Signature if applicable:.....

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 non refundable deposit payment of (£10.00 per entrant) £

Please make cheques payable to: **County Air Ambulance Trust**

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

MASTERCARD VISA CAF CREDIT DEBIT

Card No:

Card Valid from:

Card Expiry date:

3 digit security No.

Issue No. (If applicable)

Gift Aid provides additional benefits to the Trust at no extra cost to the donor.

County Air Ambulance Trust can reclaim the tax back on every sponsorship donation and get an extra 28% without it costing you a single penny. Please indicate below if you would like us to Gift Aid your donation. Please make sure we can read your full name, home address and post code.

This supports our tax claim and will not be used to contact you. Please be aware that you must have paid an amount of UK income tax, and/or capital gains tax at least equal to the tax that we

Telephone 01922 618058 Fax 01922 618116

WWW.countyairambulancetrust.co.uk Email; ladiesdrivingexperience@hotmail.co.uk

The Independent Charity. Registered Charity Number 1057063

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