

STANDING ORDER/DONATION AND GIFT AID FORM for CORNWALL AIR AMBULANCE TRUST
Please complete and send this form to: CAAT, Victoria Square, Roche, St Austell, PL26 8LQ

Your Name

Your Address

Your Postcode

Your Telephone Number

Your e mail address

Your donation:

I wish to make a **SINGLE** donation of £

I wish to make a **REGULAR** donation of £ (EVERY MONTH/QUARTERLY/ANNUALLY)

For regular donations from your bank account, please also complete and sign the standing order mandate below)

Can you GIFT AID your donation to Cornwall Air Ambulance Trust?

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year. Please notify Cornwall Air Ambulance Trust if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.
- Tax claimed by the charity: The charity will reclaim 28p of tax on every £1 you gave up to 5 April 2008. The charity will reclaim 25p of tax on every £1 you give on or after 6 April 2008. The Government will pay to the charity or CASC an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the charity or CASC does not affect your personal tax position .
- If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you

- The enclosed gift of £ as a Gift Aid donation; **OR**
- All gifts of money that I make today and in the future as Gift Aid donations; **OR**
- All gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations

Signed.....Date.....

FOR CHARITY USE: Please donate to Beneficiary Cornwall Air Ambulance Trust, Registered Charity 1133295

Bank Name and Address: HSBC, 3 Fore Street, Bodmin, Cornwall. PL31 2HU

Sort Code: 40-12-22

Account Number

3	1	4	5	8	9	0	6
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PLEASE COMPLETE THIS SECTION TO DONATE BY STANDING ORDER FROM YOUR BANK

Amount £		
Amount in Words		
Date of First Payment (dd/mm/yy)	Payment frequency	until further notice in writing <input type="checkbox"/>
	monthly <input type="checkbox"/>	
	quarterly <input type="checkbox"/>	or until date of last payment <input type="checkbox"/>
	annually <input type="checkbox"/>	insert final payment date here
Bank Name and Address		
Please debit my/our account accordingly		
Name of account to be debited	Sort Code	Account Number
Signature/s	Date	