

DONATION FORM

Personal information

Full name (including title):	
Address:	Postcode:
Preferred tel. number:	Event / activity the donation is for:
My email address is:	
<input type="checkbox"/> Only email me about fundraising events	
<input type="checkbox"/> Email me about the work of St John Ambulance, including direct marketing, raffles, newsletters and appeals.	

You can unsubscribe at any time.

Payment details

I enclose a cheque/postal order for £ _____ (cheques payable to St John Ambulance)	
OR please debit my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> CAF Card <input type="checkbox"/> Maestro for £ _____	
Card number	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> (Maestro only)
Valid from	<input type="text"/> / <input type="text"/> Expiry date <input type="text"/> / <input type="text"/> Issue no. (Maestro only) <input type="text"/>
Security code (last three digits on signature strip)	<input type="text"/>
Name on card:	Today's date:
Signature:	

Gift Aid declaration

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

I want to treat as Gift Aid donations any donations I make on or after the date of this declaration and all donations that I have made in the past 4 years* to St John Ambulance.

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 the charity will reclaim 25p of tax on every £1 that I have given.

Please notify St John Ambulance 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

Signature:

Date:

** Please delete any that do not apply. If you have not been a taxpayer in the last 4 years, please indicate the year in which you first met this criteria _____.*

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We would like to keep in touch with our supporters about our work, events and fundraising activities using the contact details you have supplied.

- Don't send me information via post
- Don't call or text me for information purposes
- Do not contact me (you will not be thanked for your donation/s or receive newsletters)

Please return this form to:

Fundraising Department
St John Ambulance
27 St John's Lane
London EC1M 4BU
020 7324 4168
events@sja.org.uk

Your data will be handled in accordance with the Data Protection Act 1998 and will be used by us in connection with your complaint. We will not share your information with any third party organisations except where we are required to do so by law or where we have a contract in place for the lawful processing of data. You have a right under the Data Protection Act 1998 to obtain information from us. If you have any queries concerning this right, please contact our Data Protection Officer at St Johns Gate, London EC1M 4DA

Thanks for supporting our life saving work. To find out about other exciting ways you can get involved, visit sja.org.uk

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