

Regular gift

St John
Ambulance



I would like to make a regular donation to St John Ambulance

To: The manager Bank Sort code - -

Address:

Please pay to Barclays Bank PLC London Corporate Banking Group, 54 Lombard Street, London, EC3V 9EX

(Sort code 20-82-94) for the credit of St John Ambulance (Direct Mail Account) no. 90040886

The sum of £ (figures)

on the (date) day of 20__

and in each of the following months/quarters/years until further notice

Please debit account number Signature

Full name and title

Address

Postcode

Gift Aid declaration

I want to Gift Aid all donations I make to St John Ambulance from the 6 April 2003 until further notice. I understand that to be eligible, I am paying an amount of income tax and/or capital gains tax equal to the amount that St John Ambulance can recover on my donations.

Signature

Date of this declaration

Notes

By signing this declaration, you authorise us to reclaim basic rate tax on your donations
You must pay an amount of income tax and/or capital gains tax at least equal to the tax that we reclaim
Please notify us if you change your name and address details while the declaration is still in force
You can cancel this declaration at any time by notifying us. It will then no longer apply to any further payments you might make
Please tell us if you cease to be a taxpayer.

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

To receive this information by email please tick this box:

To receive this information by post please tick this box:

If you do not want to receive further information please tick this box:

Thank you for helping us to help your community. To find out about other exciting ways you can get involved and support our work, please visit www.sja.org.uk

Please return this form to:

Fundraising department, St John Ambulance,
27 St John's Lane, London, EC1M 4BU