STARS
Syncope Trust And Reflex anoxic Seizures®
www.stars.org.uk

Donation Form

Your details

Title_____ First Name(s)_____ Surname_____
Address_____
_____ Postcode_____
Email_____ Phone number_____

Your donation

Please tick method of payment & complete relevant section:

☐ I enclose a cheque made payable to 'STARS' for £_____

☐ or Please debit my credit/debit card for £_____

Card type (maestro/visa/mastercard)_____ Valid from MM/YY Expiry date MM/YY
Card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 3-digit Security no. ☐☐☐

☐ or I would like to set up a regular standing order for £_____ starting on DD/MM/YYYY

To be paid: Monthly ☐ Quarterly ☐ Annually ☐
My bank name _____Bank address_____
_____
Account no. ☐☐☐☐☐☐☐☐ Sort code ☐☐☐☐☐☐

Payable to: Syncope Trust And Reflex anoxic Seizures, Account no. 02455170, Sort code. 30-98-26
Lloyds TSB Plc, 22 Bridge Street, Stratford upon Avon, CV37 6AG

Please note you can cancel your standing order at any time by contacting your bank.

Gift Aid

If you pay UK Tax, the Government will give us 25% on top of your donation at no cost to you.

In order to Gift Aid your donation you must tick the box below:

☐ *I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to STARS

**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. Please notify us if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains. Your address is needed to identify you as a current UK taxpayer.*

Your Signature

Signature _____ Date DD/MM/YYYY

Post me to: STARS, Unit 6B, Essex House, Cromwell Business Park, Chipping Norton, OX7 5SR

If you have any queries please do not hesitate to call us on 01789 867503