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## Gift Aid Donation form

I confirm I am a UK taxpayer and understand that if	I pay less Income Tax and/or Capital Gains Tax in the
current tax year than the amount of Gift Aid claimed	d on my donations, it is my responsibility to pay any
difference.	
□ I want to Gift Aid my donation of £	to Devon Air Ambulance; or
☐ 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 Devon Air Ambulance	
Please notify the Charity if you:	
Want to cancel the declaration	
Change your name or home address	
No longer pay sufficient tax on your income and	d/or capital gains
Name:	
Address:	
	Postcode:
Telephone Number:Email	:
Signature:	Date:
DAA would like to keep you informed about our work	, how your support has helped your Air Ambulance to keep
• •	e take the protection of your personal information very
seriously and don't share your data with any third p	arty.
If you would like to hear from us, please tick the rele	vant boxes below:
Please contact me by Post   by Email   by Tele	ephone   □
Please send me a Helipad magazine twice a year b	y Post 🗆 By email 🗆
To read our Supporter Promise, go to: www.daat.org	/supporter-promise or contact us via the details below

## **Contact us**

Devon Air Ambulance, 5 Sandpiper Court, Harrington Lane, Exeter EX4 8NS info@daat.org Enquiry form +44 (0)1392 466 666

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To read our Privacy Statement, go to: <a href="https://www.daat.org/gdpr-statement">www.daat.org/gdpr-statement</a> or contact us via the details below