



# GREAT NORTH AIR AMBULANCE SERVICE

## Direct Debit application form

Reg charity no. 1092204

Email: [lottery@greatnorthairambulance.co.uk](mailto:lottery@greatnorthairambulance.co.uk) Helpdesk - Freephone 0800 1777 035

Thank you for requesting a Direct Debit form to pay for your lottery plays. Please complete both sections below and return to GNAAS, Unit 20, Northfield Way, Aycliffe Business Park, Newton Aycliffe, DL5 6EJ.

Thank you for your support. *The Lottery Team*

Your details: Mr / Mrs/ Ms..... Forename.....Surname.....

Address.....

Town..... POST CODE.....

Telephone..... Mobile.....

Email Address.....@.....

Date of Birth...../...../.....

Please circle the amount you would like to pay

	1 Number	2 Number	3 Number	4 Number	5 Number	PREFERRED PAYMENT DATE	
Monthly	£2.17	£4.34	£6.51	£8.68	£10.85	1st <input type="checkbox"/>	15th <input type="checkbox"/>

I WOULD LIKE TO INCLUDE AN ADDITIONAL DONATION OF 0.83p PER NUMBER (please circle)

	1 Number	2 Number	3 Number	4 Number	5 Number	TOTAL MONTHLY AMOUNT
Monthly	£3.00	£6.00	£9.00	12.00	£15.00	£.....

Gift Aid: I would like to make every £1 worth £1.25 through Gift Aid

Yes, I want the Great North Air Ambulance Service to treat all donations I have made for the four years prior to this year and until further notice, as Gift Aid donations. I confirm I am a UK income or Capital Gains taxpayer. I understand that I must pay an amount of Income Tax or Capital Gains tax in the tax year at least equal to the amount of tax the charity will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the Charity will reclaim 25p on every £1 that I have given.

Signature for Gift Aid..... Date.....

<p><b>The Great North Air Ambulance Service</b> Unit 20 Northfield Way Aycliffe Business Park Newton Aycliffe DL5 6EJ</p> <p><b>Name(s) of account holder(s)</b></p> <p>.....</p> <p><b>Bank /building society account number</b></p> <p>.....</p> <p><b>Branch sort code</b></p> <p>.....</p> <p><b>Name and full postal address of your bank or building society</b></p> <p>To: The Manager Bank/building society</p> <p>Address</p> <p>.....</p> <p>Postcode</p>	<p><b>Instruction to your bank or building society to pay by Direct Debit</b></p> <p>Service User Number</p> <table border="1"> <tr> <td>2</td><td>9</td><td>7</td><td>8</td><td>5</td><td>4</td> </tr> </table> <p>FOR GREAT NORTH AIR AMBULANCE OFFICIAL USE ONLY This is not part of the instruction to your bank or building society</p> <p><b>Reference (for office use only)</b></p> <p>.....</p> <p><b>Instruction to your bank or building society</b></p> <p>Please pay The Great North Air Ambulance Service Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Great North Air Ambulance Service and, if so, details will be passed electronically to my bank/building society</p> <p>Signature(s):</p> <p>.....</p> <p>Date:</p>	2	9	7	8	5	4
2	9	7	8	5	4		

