



## SLEEP APNOEA TRUST ASSOCIATION DONATION FORM

**Title:**

**First Name:**

**Last name:**

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**Address:**

**Postcode:**

**Telephone:**

**Email address:**

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I WOULD LIKE TO SUPPORT THE WORK OF YOUR CHARITY AND  
MAKE A DONATION TO THE SLEEP APNOEA TRUST

£

I am a member.....

I am not a member.....

Please tick the correct box

By Post – Please enclose a cheque/PO payable to the **Sleep Apnoea Trust**

OR

Direct Bank Transfer - A/c Name: **Sleep Apnoea Trust** \ A/c No: **83589805** \ Sort Code: **60-11-01**

**(NB: Please quote surname and postcode as the payment reference for our administration)**

OR

By visiting our website and clicking on the “Donation” tab

[www.sleep-apnoea-trust.org](http://www.sleep-apnoea-trust.org)

### Gift Aid

The government supports charities by allowing us to reclaim tax you have paid on income donated to the charity. Your subscription is a donation to the Sleep Apnoea Trust (Registered Charity No. 1056963).

To take part in the Gift Aid scheme, you must pay an amount of income tax or capital gains tax at least equal to the tax we reclaim on your donations (currently 25p for every £1 you donate).

**If you pay income tax and or capital gains tax, please sign the following statement;**

*I want the Charity to treat all donations I have made in the six fiscal years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations:*

Signature:

Date:

If you do not pay tax please tick.....

**Please return this form to: Chris Rogers, Managing Secretary, SATA, Downland View, Broadbush, Blunsdon, Swindon, Wilts, SN26 7DH**