



Title (Mr/Miss/Mrs/Ms) Name

Address

Postcode

Telephone

Mobile

Email

STANDING ORDER

Full name and address of bank

Postcode

Please pay **BARCLAYS BANK PLC**

Sort Code **20-84-41**

Account number **20798134**

For the credit of **WALES AIR AMBULANCE**

The sum of and thereafter £4.34 Monthly £13.00 Quarterly £26.00 6 monthly £52 Annually

Date of first payment Ref no. (bank use only)

Account holder name

Account number Sort code - -

Signature Date

Debit the above account until I notify Wales Air Ambulance otherwise. Or until

Please send me further information on:

- Becoming a volunteer Fundraising How my company can support WAA
- Regular donations Leaving a gift in my will

Other _____

Please post completed forms to:
Freepost RTCL-RSCR-BREZ
Wales Air Ambulance
Fabian Way
Crymlyn Burrows
Swansea
SAI 8QB

Can we keep in touch?

We respect your privacy and will not sell your personal data to any third party. If you do not wish to receive information from us, please tick this box.

THANK YOU By subscribing to our Lifesaving Lottery, you are helping save lives across Wales.

