

Please help someone with PTSD by donating to Resolution.

**DONATIONS OR CREDIT/DEBIT CARD DONATIONS**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel: \_\_\_\_\_

Email \_\_\_\_\_

**CHEQUE/POSTAL DETAILS**

I enclose a cheque/postal order made payable to PTSD Resolution, for:

£ \_\_\_\_\_

**CREDIT CARD DETAILS**

Please debit my Visa  Mastercard  Maestro

Card number / / /

Start date / / Expiry date / / /

Security Number \_\_\_\_\_

Maestro Issue Number \_\_\_\_\_

Donation Amount £ \_\_\_\_\_

Thank you so much for your generosity – it is only with the support of people like you that we can continue help those with military post traumatic stress.

If you have queries please contact Piers Bishop at:  
pb@ptsdresolution.org  
PTSD Resolution: Registered Charity No. 1133188

Please return this form to:

PTSD Resolution  
Church Farm Lane,  
Chalvington,  
HAILSHAM,  
BN27 3TD

**Payments Payable To:**

Branch xxxxxx bank xxxxxx branch  
Sort Code xx xx xx  
Acct Name  
Acct No.

**GIFT AID**

I want PTSD Resolution to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Please note that you must pay an amount of income tax And/or capital gains tax at least equal to the tax that PTSD Resolutions claims on your donations in the appropriate Tax year (currently 25p for each £1 you give)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Most individual cash donations from UK taxpayers will qualify for Gift Aid. By completing your full details in the donation box and ticking, signing and dating the declaration box you will be increasing the value of your donation to PTSD Resolution at no cost to you. Please notify us if you change your address.

You can cancel your declaration at any time by letting us know, particularly if your circumstances change and you no longer pay tax at least equal to the tax the charity will reclaim from HMRC.

**BANK ORDER FORM**

Name of your Bank/Building Soc. \_\_\_\_\_

Full Address of your Bank/Building Soc. \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Sort Code - - \_\_\_\_\_

Please make for ..... years, or until further notice, payments debiting my account with the following:

My Acct No. \_\_\_\_\_ Amount £ \_\_\_\_\_

Frequency of payments Yearly  Quarterly  Monthly

Date of first payment / / \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

