



IAS Medical

DONATION FORM

Donor Information

Name	
Address	
City	
Post Code	
Telephone	
E-Mail	

Pledge Information

I (we) pledge a total of £ _____

To be paid: Now Monthly Quarterly Yearly

Card Information

Card Type	
Card Number	
Expiry Date	
Security Number (3 or 4 digits)	
Card Start Date (if applicable)	
Card Issue Number	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

I (we) wish to have our gift remain anonymous.



Worldwide Medical Repatriation Services

Registered Office 145-157 St John Street London EC1V 4PY.
Registered in England Number 5914453. VAT Number GB 911 9853 11.