



Registered Charity No: 1162165

Donation/Standing Order Form

Please complete and send to: The Treasurer, My Cancer My Choices, First Floor, 46 Old Bath Road, Charvil, Reading RG10 9QR

PART A

a) £ donation to My Cancer My Choices

I enclose herewith £..... (or alternatively I have completed the bankers order below)

Title..... Forename(s) Surname

Address

Tel No..... E-mail.....

PART B

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current year. Your address is required to identify you as a current UK taxpayer

In order to Gift Aid your donation and/or subscription you must tick the box below:

- ☐ I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to My Cancer My Choices

GIFT AID DECLARATION

I am a UK taxpayer and understand that if I pay less Income and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Title..... Forename(s) Surname

AddressPost Code.....

Signature Date

PART C

BANKERS ORDER

To: Bank plc/Building Society

Bank address

On receipt of this order and on the same date monthly/annually, until further notice, please pay from my account with you to:

CAF Bank Sort Code: **40-52-40**

Account no: **00034752** Account name: My Cancer My Choices

This instruction replaces any that you already hold for the same recipient.

The sum of £

Name Sort Code..... Account number

Signature Date