



Giving Form

Please complete your details below and return to:
Wessex Cancer Trust, Bellis House, 11 Westwood Road, Southampton SO17 1DL

(PLEASE USE BLOCK CAPITALS)

Mr / Mrs / Ms / Miss / Dr Full Name
(PLEASE CIRCLE)

Address:

.....Postcode:

Tel: Email:

I would like to be added to the Newsletter mailing list via post email

I would like to be removed from the Newsletter mailing list (Please tick)

Ways of Giving

Single Donation: I enclose a donation of £ towards the Charity
(PLEASE MAKE CHEQUES PAYABLE TO WESSEX CANCER TRUST) Or please debit my credit/debit card

Name of person on card:Signature.....

Card number: _____ / _____ / _____

3 Digit Security Code: _____ Expiry Date: ____ / ____

Regular Donation: To the Manager:Bank plc

Address:

.....Postcode:

A/C No: _____ Branch Sort code: ____ - ____ - ____

Please pay Wessex Cancer Trust

The sum of £ Starting on theday of 20 ____

And pay at monthly/quarterly annual* intervals until further notice (*delete as required)

Signature of Donor:

giftaid it



Declaration: I am a UK taxpayer and would like Wessex Cancer Trust to reclaim tax on all donations I have made over the last 4 years and all future donations. I understand that I must have paid an amount of income or capital gains tax at least equal to the tax you reclaim on my donations. Please tick

SignDate

All information you provide is protected by the Data Protection Act, and will not be shared with any other organisation. You have the right to advise us at any time if you do not wish to receive future mailings from Wessex Cancer Trust
Registered Charity No. 1110216

Information for Bank:

Please pay Co-operative Bank, PO Box 250, Delf House, Southway, Skelmersdale, WN8 6WT. (Sort code: 08-92-99) to the credit of Wessex Cancer Trust (RegCharity No 1110216) Account 65531792