



Kids Cancer Charity

Title & Full Name:

Full Home Address:

Postcode:

Phone Number:

Email Address:

Please complete the Gift Aid section if it applies. Boost your donation by 25p of Gift Aid for every £1 you donate. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid your donation/future donations you must tick the box below:

Please tick Date: _____

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

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and /or capital gain

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

To Your Bank.

I wish to donate £3 £6 £10 or my preferred amount of £ per month

Please debit my account on of (month)
(Please make the start date at least one month in advance)

Please debit my account number:

Bank Sort Code: - -

Bank Name:

Bank Address:

Bank Postcode:

Signature: _____ Date: _____

Please print out, complete and return this form to:
FREEPOST RRBZ-XCBC-SAJZ
Kids Cancer Charity, 62 Walter Road, Swansea, SA1 4PT

Thank You For Your Support