

The Chartwell Cancer Trust

Donation Form

I would like to make a donation to (please tick):

☐

The Chartwell Cancer Trust

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The Chartwell Children's Cancer Trust

Please indicate if for a specific project (e.g. Sophie's Wish/New Oncology App/Ward)

Your details

Name: _____

Address: _____

Postcode: _____

Tel. _____

Email: _____

I enclose a cheque payable to (please circle your choice):

The Chartwell Cancer Trust / The Chartwell Children's Cancer Trust (Other project, please specify on reverse of cheque):

Or, make a single/regular donation of: £ _____

via _____ **or online at** chartwellcancertrust.co.uk

GIFT AID IT! For every £1 you donate, we receive an additional 25p from the Inland Revenue at no cost to you.

I am a UK Tax Payer and happy for you to claim gift aid on my donation at no extra cost to me ☐

Signature: _____ **Date:** _____

I am happy to receive information about the charity via email or post ☐

I am happy for you to add my details to the charity database ☐

The Chartwell Cancer Trust

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