



Thank you for supporting young people with cancer.

Title:	First Name:	Surname:
Organisat	ion/Club/School:	
Address:		Postcode:
Email:		
Supporte	r Reference (if known):	
Name of y	our fundraising activity:	
Amount r	aised: £	
I enclose	e a cheque / CAF voucher made pay	able to 'Teenage Cancer Trust'
Please d	ebit my debit/credit card (please no	te we don't accept Amex)
Card no.		Expiry date /
people with		formed about our work and other ways you can support young volunteering, donating and campaigning. Please tick the box if you y:
Email	SMS	
you prefer r	not to hear from us by post or you v	y post to share updates on our work and ways you can help. If rould like to change the way we keep in touch, just let us know by calling our Supporter Care team on 020 7612 0370.
I've finished	d my fundraising and would like to re	ceive a certificate
	•	rou would like to receive a certificate for the total amount raised. I certificate, please get in touch by phone or email.

Here are three easy ways to pay in your money:

- 1. Complete all the details and return this form to the address below, together with your cheques made payable to 'Teenage Cancer Trust'. **Please don't send cash in the post**
- 2. Call us on **020 7612 0370** and make your payment over the phone.
- 3. Pay your money directly to us by bank transfer:

Barclays: Sort Code: 20-36-47 / Account No: 63620263

Please complete and return this form to:

FREEPOST RRHG-UZRK-XLEE
Teenage Cancer Trust,
93 Newman Street, London, W1T 3EZ



SPONSORSHIP FORM



Name	Your	Your Supporter Reference				
For (event)		in aid of Teenage Cancer Trust				
this statement shown. I under: Gift Aid claime Trust will reclai	the box headed 'Gift Aid? ', I confirm that I am a and want Teenage Cancer Trust to reclaim tax on stand that if I pay less Income Tax or Capital Gains d on all of my donations it is my responsibility to post m 25p of tax on every £1 that I have given.	the donation c tax in the cur pay any differe	letailed belowent rent tax year nce. I unders	w, given on t than the am stand Teenag	he date nount of	
	Teenage Cancer Trust to claim tax back on your d	onation.	giftaid (N		
Sponsors Full Name (first name and surname)	Sponsor's Home address (Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation)	Postcode	£Amount	Date Paid	Gift Aid?	
John Smith	1 Example Rd, London	EX4 MPL3	£20	10/10/19	/	
	Total donat	tions recieved	£	I	1	

Teenage Cancer Trust, 93 Newman Street, London, W1T 3EZ

O20 7612 O370 | hello@teenagecancertrust.org | www.teenagecancertrust.org

Date donations given to Teenage Cancer Trust