WAYS TO PAY



Thank you for supporting young people with cancer.

Tit	le: First Name:	Surname:							
Or	Organisation/Club/School:								
Ad	ldress:	Postcode:							
		Phone:							
Supporter Reference (if known):									
Na	me of your fundraising activity	I							
An	nount raised: £								
	I enclose a cheque / CAF voucher ma	de payable to 'Teenage Cancer Trust'							
Please debit my debit/credit card (<i>please note we don't accept Amex</i>)									
Card no.									
Teenage Cancer Trust would love to keep you informed about our work and other ways you can support young									
people with cancer such as fundraising, events, volunteering, donating and campaigning. Please tick the box if you									
are happy to hear from Teenage Cancer Trust by:									
	Email SMS Te	ephone							
From time to time, we might also contact you by post to share updates on our work and ways you can help. If									
you prefer not to hear from us by post or you would like to change the way we keep in touch, just let us know by									
emailing hello@teenagecancertrust.org or calling our Supporter Care team on 020 7612 0370.									
I've finished my fundraising and would like to receive a certificate									
Please tick this box if you've finished your fundraising and you would like to receive a certificate for the total amount raised.									
lf yo	ou are not returning this form but would like to	receive a certificate, please get in touch by phone or email.							
Η	ere are three easy	ways to pay in your money:							
1.		his form to the address below, together with your cheques rust'. Please don't send cash in the post							
2.	Call us on 020 7612 0370 and ma	ke your payment over the phone.							
3.	Pay your money directly to us by ba	nk transfer:							
	Barclays: Sort Code: 20-36-47 / A	ccount 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 Supporter Reference (if known)

For (event)

in aid of Teenage Cancer Trust

If I have ticked the box headed 'Gift Aid? -/', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Teenage Cancer Trust to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand Teenage Cancer Trust will reclaim 25p of tax on every £1 that I have given. giftaid it

Remember: You must provide your full name, home address, postcode & '✓' Gift Aid for Teenage Cancer Trust to claim tax back on your donation.

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	\checkmark
	Total donation	£			
Date donations given to Teenage Cancer Trust					

Teenage Cancer Trust, 93 Newman Street, London, W1T 3EZ 020 7612 0370 | hello@teenagecancertrust.org | www.teenagecancertrust.org

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