Yes, I want my **single donation** to help in the fight against breast cancer

1. Personal details

Title (Mr/Mrs/Other) Name

Address

Postcode

Telephone no. Date of birth

Email

(If you are happy for us to contact you via email, please provide your address)

Please send me more information about:

☐ A gift in my Will ☐ Payroll giving ☐ Donating shares

2. My donation

I wish to donate: £20 ☐ **£50** ☐ **£100** ☐ **Other £**

3. Payment details

Please make cheques / CAF charity vouchers / postal orders payable to **Breast Cancer Campaign**
or please debit my credit / debit card

Visa ☐ Mastercard ☐ Switch/Maestro ☐ Debit card ☐ CAF card ☐

Card no *Switch/Maestro only*

Three digit security code (found on the reverse of your card, on the signature strip)

Expiry date Valid from *Switch/Maestro only* Issue no *Switch/Maestro only*

4. giftaid it

Make your gift worth 28 per cent more with Gift Aid

☐ **I am a UK taxpayer*** and I wish Breast Cancer Campaign to treat all donations I have made during the previous six years and all future donations as Gift Aid. If my status as a taxpayer changes I will inform Breast Cancer Campaign.

**To qualify for Gift Aid you must pay income tax or capital gains tax at least equal to the amount Breast Cancer Campaign reclaims on your donations in the tax year – currently 28p for every £1 you give.*

5. Authorisation

Signature Date

Privacy policy

The personal information you provide will be held securely in accordance with our internal policy and the Data Protection Act 1998. For more details please contact Data Protection, Breast Cancer Campaign, Clifton Centre, 110 Clifton Street, LONDON EC2A 4HT or see our website www.breastcancercampaign.org. If you would prefer not to receive mailings from Breast Cancer Campaign please tick this box ☐

6.

Now post this form with your cheque (if applicable) to:
Breast Cancer Campaign, FREEPOST LON13468, LONDON, EC2B 2DT

Thank you for your support

Yes, I want my **regular donation** to help in the fight against breast cancer

1. Personal details

Title (Mr/Mrs/Other) Name

Address

Postcode

Telephone no. Date of birth

Email

(If you are happy for us to contact you via email, please provide your address)

2. My donation

£5 ☐ **£10** ☐ **£20** ☐ **Other amount £**

Every: month ☐ **quarter** ☐ **year** ☐ **starting on: 1st** ☐ **or 15th** ☐ **of the month**

(your donation will start approximately one month from completing this form)

3. Instruction to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Please fill in the whole form and send it to:
Breast Cancer Campaign, 110 Clifton Street, London EC2A 4HT

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society account number

Originator's Identification Number

4 2 0 5 2 7

Reference Number (office use only – do not complete)

Instruction to your Bank or Building Society

Please pay Breast Cancer Campaign Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Breast Cancer Campaign and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

4. giftaid it

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Date / /

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5.

Now post this form to:
Breast Cancer Campaign, FREEPOST LON13468, LONDON, EC2B 2DT

Thank you for your support

breast cancer CAMPAIGN

researching the cure

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