

Please sponsor me and help support people affected by cancer.



Name _____

Address _____

What I'm doing _____

When _____


We promise to always keep your details safe and will never sell them.
For more details visit our website for our Privacy Policy.

giftaid it

*With Gift Aid, we can turn every £1 raised into £1.25 at no extra cost to you!
Please confirm that you agree to the Gift Aid declaration overleaf before ticking.

Forename and surname	Full home address (USE BLOCK CAPITALS AND PROVIDE YOUR HOUSE NUMBER AND POSTCODE. WE CAN'T CLAIM GIFT AID WITHOUT IT*)	Amount	Gift Aid *	Date paid	Contact me **
ANNE EXAMPLE	123 SAMPLE STREET, SAMPLE TOWN JB42 0SM	£5.00	✓	15/10/24	✓

** We'd like to keep you updated with our work, activities and ways to get involved. Please tick this box to confirm that you'd like to hear from Tenovus Cancer Care by post. We promise to always keep your details safe and will never sell them. If you no longer want to hear from us, just email us at preferences@tenovuscancercare.org.uk or give us a call on 029 2076 8850. For more details visit our website for our Privacy Policy.



***Gift Aid Declaration**

By ticking the Gift Aid box, you are agreeing to the following statement: "I want to Gift Aid all donations to Tenovus Cancer Care today, in the past four years, and in the future. 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." Your address is needed to identify you as a current UK taxpayer. Please notify us: if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your Income and/or Capital Gains. 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.


Forename and surname	Full home address (USE BLOCK CAPITALS AND PROVIDE YOUR HOUSE NUMBER AND POSTCODE. WE CAN'T CLAIM GIFT AID WITHOUT IT*)	Amount	Gift Aid *	Date paid	Contact me **
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Total donations £.....

FOR OFFICE USE ONLY

Gift Aid total £.....

** Please confirm that you're happy with our opt in statement overleaf before ticking.



Please post this form to us, along with a cheque made payable to Tenovus Cancer Care, at the address below. Or you can call us to arrange payment over the phone.

 Fundraising, Tenovus Cancer Care, First Floor, Jones Court, Womanby Street, Cardiff CF10 1BR

 029 2076 8850

