



URN

Title First Name

Surname

Address

Postcode Tel (day)

Email

Please complete if you are happy to receive emails from Childlife

I would like to donate £ _____

There's no need to acknowledge my donation.

I enclose my cash/cheque/postal order/voucher made payable to **Childlife OR**

Please debit my: MasterCard / Visa / Switch/Maestro / CAF Card *(please delete as appropriate)*

Card Number

| | | (Switch/Maestro only)

Start Date

|

Expiry Date

|

Issue no. (Switch/Maestro only)

Signature _____

Date _____

Make your donation go further with Gift Aid

If you are a UK taxpayer, you can increase your donation by 25% at no cost to yourself. Using Gift Aid means that for every pound you give to Childlife we get an extra 25p from the Inland Revenue. By signing this form I confirm that I wish Childlife to treat all donations that I have made during the previous four years and all future donations as Gift Aid donations until I notify you otherwise.

Signature _____ **Date:** _____

Note: You must be a UK tax payer and the amount of Income Tax and/or Capital Gains Tax you pay each year (6 April to 5 April) is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that you donate to will reclaim on your gifts for that tax year. Other taxes such as VAT and Council Tax do not qualify.

OR (✓) I am not a UK tax payer and/or do not wish to Gift Aid my donation.

DATA PROTECTION

Childlife values your support and respects your privacy. The data we gather and hold is managed in strict accordance with the Data Protection Act (1998). If you **do not** wish to receive information about the work we do, please tick this box.

Please return this form in the envelope enclosed or send to: Freepost RTBZ-HHAT-SCRZ, Childlife, Westmead House, Westmead, Farnborough, Hants, GU14 7LP.