

# I'D LIKE TO SUPPORT CLIC SARGENT WITH A REGULAR GIFT



1. Title  Name   
Home address   
 Postcode   
Email   
Tel/mobile  Date of birth

2. **We'd like to stay in touch with you**  
Without you, we can't fight tirelessly for young lives against cancer. We want to let you know about the difference you make to young cancer patients and their families, and other opportunities you have to get involved with fundraising, volunteering and our campaigns. If you are happy to receive this information, please let us know how you would prefer to hear from us.  
Email:  Yes  No      Post:  Yes  No      Phone:  Yes  No      Text:  Yes  No  
To find out about how CLIC Sargent uses your information, please go online to [clicsargent.org.uk/privacy-policy](http://clicsargent.org.uk/privacy-policy)  
You can update your preferences at any time by calling us on 0300 330 0803 or emailing [supporter.services@clicsargent.org.uk](mailto:supporter.services@clicsargent.org.uk)

3. I would like to support CLIC Sargent with a regular gift of  £  
Please debit my account:  Monthly  Quarterly  Annually on the:  1st  15th day of the month

## Instruction to your Bank or Building Society to pay by Direct Debit



Please complete and return this form to: **CLIC Sargent, 4th Floor Whitefriars, Lewins Mead, Bristol, BS1 2NT**  
Or you can email your completed form to [supporter.services@clicsargent.org.uk](mailto:supporter.services@clicsargent.org.uk)

### 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

### Service user number

### Reference (for office use only)

### For CLIC Sargent Cancer Care for Children official use only

This is not part of the instruction to your bank or building society.

URN:

Source:

Distribution code:

### Instruction to your bank or building society

Please pay CLIC Sargent Cancer Care for Children 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 CLIC Sargent Cancer Care for Children and, if so, details will be passed electronically to my bank/building society.

Date

Signature(s)

4. *giftaid it* **Boost your donation by 25p for every £1 you donate at no extra cost to you.**  
(Please ensure all name and address sections above are complete. Your home address is needed to identify you as a current UK taxpayer.)  
 **Yes, I would like to Gift Aid.**  
I want to Gift Aid my donation and any donations I make to CLIC Sargent in the future or have made in the past four years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand that Gift Aid is reclaimed from the tax that I pay for the current tax year.  
Please call us on 0300 330 0803 or email [giftaid@clicsargent.org.uk](mailto:giftaid@clicsargent.org.uk) if you:  
• Need to cancel this declaration    • Change your name or home address    • No longer pay sufficient tax on your income and/or capital gains  
 **No, I am not a UK taxpayer.**  
Please let us know if this changes.