GIFT FORM UCL Cancer Institute Research Trust

£50 £100 £250 £500 £1000 Other £____

Donor Information (please print or type)	Please complete the Gift Aid section to
First name(s)	make your gift giftaid it
Surname	Gift Aid
Address	If you are a UK taxpayer you may be able to use Gift Aid. Using Gift Aid means that for every pound you give, we ge tan extra 28 pence from the Inland Revenue, helping your do nation go further. If you
Postcode	want to Gift Aid your donation, please complete the details below.
Telephone (day)	I want all donations I ha ve made to the UCL Cancer
Telephone (night)	Institute R esearch T rust since 6 A pril 2 000 a nd all future donations to be Gift Aid until further notice.
Fax	
E-mail	Signature
Regular gift only I would like to give the following amount	To qualify for Gift Aid, what you pay in income tax or
£25 £50 £100 £500 Dther £	capital gains tax must be at least equal to the amount we will claim in the tax year. If you pay a higher rate
My gift will be	of ta x you can also claim tax relief b y detailing this donation in y our annual t ax retu rn. See www.inlandrevenue.gov.uk/charities for more
Monthly Quarterly 6-monthly Annually	information.
For 3 years Other duration:	The UCL Cancer I nstitute R esearch Trust is a tax exempt charity, Registered Charity No. 1135220.
Instruction to bank: Please pay UCL Cancer Institute Research Trust, Clydesdale Bank PLC, account no 20170021, sort code 82-60-34. (Office use only) Quoting reference no	Data protection
Name of bank	Data Protection Act (1998): Under the confines of this act, the UCL Cancer Institute Research Trust will use
Branch Address	the information provided by you for educational, social and charitable purposes only. Your personal
	information can be removed from our database within one month following receipt of a written request from you.
Postcode	Donor list
Account number	Tick here O NLY if you would p refer to be EXCLUDED from the UCL Can cer I nstitute Research Trust's annual list of donors.
Sort code Sort code	Legacy
Account holder(s) name	Tick here if you would like to receive further information a bout leaving a leg acy to the U CL Cancer Institute Research Trust.
Account holder(s)	Other gifts
signature	Tick here is you wo uld like to be contacted to discuss making a gift of shares, property or land,
Single gift only I enclose a cheque/CAF voucher made payable to UCL Cancer Institute Research Trust	or other g ifts t o the U CL Can cer I nstitute Research Trust.
Please debit my Visa Visa Delta Mastercard Maestro	
	Thank you for your donation
Name on card	Please return this form to:
Card number	UCL Cancer Institute Research Trust Paul O'Gorman Building
Expiry date Security Issue no (Maestro only)	72 Huntley Street London WC1E 6BT
Cardholder's signature	
Date	
I would like to give the following amount	