URN

Title First Name

Surname

Address

Postcode Tel (day)

Email

Please complete if you are happy to receive emails from Childlife

childlife
4 charities helping children

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 six 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 expect to pay as much income tax and/or capital gains tax this year as Childlife will reclaim on your donation. If future circumstances change and you no longer pay tax on your income and/or capital gains tax equal to the tax that Childlife reclaims, you can cancel the declaration. If you pay tax at the higher rate, you can claim further tax relief in your self-assessment tax return.

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: Childlife, FREEPOST SEA3004, Fleet GU51 3BR

THANK YOU FOR SUPPORTING CHILDLIFE