

DONATION FORM

To help us to save the lives of patients with cancer and other serious diseases, please complete this form. (Please print)

Your Name

Your Address

Postcode

Telephone

If we may contact you by e-mail please provide your e-mail address:

You can unsubscribe at any time

Please send donations with this form to **Paul Strickland Scanner Centre, FREEPOST HA1914, Mount Vernon Hospital, NORTHWOOD HA6 2BR**

Donations may also be made by telephone or on our website:

www.paulstrickland-scannercentre.org.uk Tel: 01923 844 290

email: appeals@stricklandscanner.org.uk

To find out about the Paul Strickland Scanner Centre.

To become a Friend of PSSC.

To find out more about Legacy Pledge Scheme.

Charity No.: 298867

HERE IS MY DONATION TO HELP THE PAUL STRICKLAND SCANNER CENTRE.

I wish to give a gift of £_____ (if you pay tax your gift could be worth up to an extra 25% by completing the Gift Aid declaration).

I enclose a cheque/postal order/CAF voucher made payable to PSSC.

I am enclosing a completed Standing Order form or

Please debit my: credit or debit card with the above amount.

Card No:

Issue date: Expiry Date:

Date:

Cardholders Name:

Cardholders Signature:

THANK YOU VERY MUCH FOR YOUR SUPPORT