

Please print out this form, fill it in and return it to:

Appeals, Paul Strickland Scanner Centre, Mount Vernon Hospital, Rickmansworth Road, Northwood, Middlesex, HA6 2RN

Full Name (Mr/Mrs/Miss/Ms)

Home Address

Post Code Email

Company Name

Company Address

Post Code

Work Telephone Email

National Insurance Number

Employee Number

1 Is this in addition to an existing donation? (please tick) YES NO

2 I wish to donate Please circle your choice

Monthly **£5.00** **£10.00** **£15.00** Other £

Weekly **£1.50** **£2.50** **£4.00** Other £

4 Weekly **£5.00** **£10.00** **£15.00** Other £

Signed Date

Thank you for your kind support

I understand Paul Strickland Scanner Centre will hold and use data provided by me for administration purposes, to keep me informed of its activities and for occasional fundraising appeals. If you prefer us not to contact you in the future please tick this box.

Donors' details held on computer are fully compliant with requirements of the Data Protection Act and are not released to any other organisation.

Registered Charity No.298867