

# WE ARE MACMILLAN. CANCER SUPPORT

Please use this form to donate  
money raised from a collection  
or fundraising event

I would like to give a gift of £	Home address*
Name of event or collection	
	Postcode*
<b>Your details</b>	Telephone number
Title (Mr/Mrs/Miss/Ms/Other)*	Email address
Name*	* Fields marked with an asterisk must be completed
	<b>Please let us know if your circumstances or address details change so that we can amend our records.</b>

**About your donation** (eg a sponsored event, raffle, funeral collection ... )

To help us save money, please tick this box if you do not require an acknowledgement that we have received your gift. ☐

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick the box. ☐

We do not sell or swap your details with any third parties, but in order to carry out our work we may need to pass your details to service companies authorised to act on our behalf.

Please return this form with your gift to:

**Macmillan Cancer Support, Supporter Services, FREEPOST LON15851,  
89 Albert Embankment, London SE1 7UQ** (If you want to use a stamp please omit the Freepost line in the address)

**Thank you for helping people living with cancer by supporting our work.**

Please make your*	Card expiry date
<input type="checkbox"/> cheque <input type="checkbox"/> postal order <input type="checkbox"/> charity voucher	
payable to Macmillan Cancer Support	Valid from date
<b>OR</b> you can debit your	Issue number (Switch/Maestro only)
<input type="checkbox"/> CAF charity card <input type="checkbox"/> Visa	Billing address if different to company address
<input type="checkbox"/> Mastercard <input type="checkbox"/> Switch/Maestro	
Card number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Security number	
<input type="text"/> <input type="text"/> <input type="text"/>	