



# Supporting Youth Cancer Trust

[www.youthcancertrust.org](http://www.youthcancertrust.org)

Please complete the following form so we can either update your details on our database

Name: .....

Address: .....

Email: .....

Phone Number: .....

Would you like to continue or become a Friend of the Youth Cancer Trust?  Please tick for YES

I would like to make a donation and not join the Friends scheme

How would you like to be contacted:

By Post

By Email

The annual fee for joining the 'Friends' of the Youth Cancer Trust is £25. You can pay this by the following methods:

By Cheque (made payable to 'Youth Cancer Trust')

By Standing Order (bank order enclosed)

By Secure link [www.youthcancertrust.org/can-you-help-us/become-a-yct-friend.aspx](http://www.youthcancertrust.org/can-you-help-us/become-a-yct-friend.aspx)

## Gift Aid

Please claim Gift Aid on all my donations to the Youth Cancer Trust  Please tick

Signed:

Date:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Please notify the charity if you...

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self



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**Bankers Order - please return this form to the Youth Cancer Trust**

To the Manager of ..... Bank Plc

Address .....

.....

Postcode .....

A/C No .....

Branch Sort Code .....

Please pay to the Youth Cancer Trust

The sum of £ .....

Starting on the ..... day Of ..... 20.....

And at monthly/quarterly/annual\* intervals until further notice (\*Delete as required)

Signature of Donor ..... Date .....

**Information for Bank:**

Please pay:  
Barclays Bank PLC  
Barclays House Branch,  
PO Box 44,  
Poole, Dorset,  
BH15 1YA  
Branch 20-11-39 to the credit of The Youth Cancer Trust.  
Account No. 50088390  
Registered Charity No. 1064736 & SC043065)

**Please return forms to Youth Cancer Trust, Tracy Ann House, 5 Studland Road, Alum Chine, Bournemouth, Dorset, BH4 8HZ.**