# Help us beat childhood cancer

## Standing order form

Please return your completed form to us at FREEPOST Licence Number RSLX-XZYR-XUYT, Neuroblastoma Children's Cancer Alliance, 3-4 Sentinel Square, London NW4 2EL.

**Title** **First name** **Last name**

**Address**

**Postcode**

**Email**

**Home tel** **Mobile**

Your gift will be used to further our work where needed most. We may use your information to contact you in the future about our activities. If you would rather not receive these communications, please let us know.

Please pay **The Neuroblastoma Alliance UK** ☐ £5 ☐ £10 ☐ £20

or my preferred amount of £_____ each month until further notice, and debit account:

Sort code ☐☐-☐☐-☐☐ Account no. ☐☐☐☐☐☐☐☐

Starting on* ☐☐/☐☐/☐☐ (* Please allow one month from today)

**To Manager** (bank name and address) _____

_____ Postcode _____

Recipient Bank Details: Natwest 50-30-05 for the credit of the Neuroblastoma Alliance, Account number 24196878.

### Gift Aid

☐ I am a UK tax payer. Please treat all donations I make or have made to the Neuroblastoma Alliance for the past four years as Gift Aid donations until further notice. To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 25p for each £1 given).

**Signed**_____ **Date**_____

**The Neuroblastoma Children's Cancer Alliance**
3-4 Sentinel Square, Brent Street, London NW4 2EL
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