

1 Donation form

If you would like to make a donation to Cystic Fibrosis Trust, please fill in this form and return your donation to Cystic Fibrosis Trust, 33 Creechurch Lane, London EC3A 5EB. Thank you.

Alternatively you can donate online at **cysticfibrosis.org.uk/donate** or by calling **020 3795 2177**.

Please fill in your name and address – **IN CAPITALS**

Title _____ First name _____ Last name _____

Home address _____

Postcode _____

Phone (daytime) _____ Phone (mobile) _____

Email _____

2 I'd like to make a regular donation

Instruction to your bank or building society to pay by direct debit

Please fill in the whole form using a ball-point pen and send to:
Cystic Fibrosis Trust, 33 Creechurch Lane, London EC3A 5EB

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Name(s) of account holder(s)

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Bank/building society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service user number

8	0	3	1	4	3
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This is not part of the instruction to your bank or building society.

I'd like to make a regular donation of: £ _____
monthly/quarterly/annually* starting on the 3rd/17th/28th* of

Month:

*Please delete as applicable

Please pay Cystic Fibrosis Trust direct debits from the account detailed in this Instruction subject to the safeguards assured by the direct debit Guarantee. I understand that this Instruction may remain with Cystic Fibrosis Trust and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Please turn over to make a one-off donation or for further information

Ref: For office use only:

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I'd like to make a one-off donation of:

☐ £15 ☐ £30 ☐ £50 Other £

Please make cheques payable to Cystic Fibrosis Trust.

Please debit my: Visa ☐ MasterCard ☐ Maestro ☐ Amex ☐ CAF ☐

If required

Card no

Start date Expiry date Issue no. Security code

Last three digits on signature strip on back of card (four on Amex)

Signature Date

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Increase your donations by 25% at no extra cost to you

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I am a UK taxpayer ☐ (Please tick if applicable) I want to Gift Aid my donation to Cystic Fibrosis Trust and any donations I make in the future or have made in the past four years. I am a UK taxpayer and understand that if I pay less income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Today's date

Or ☐ I am not a UK taxpayer (Please tick if applicable)

Save us money

To save us money if you would prefer not to receive an acknowledgement please tick here ☐

Please note if you are setting up a direct debit we need to send you a written confirmation as a legal requirement.

Please help us to keep our records up to date:

What is your connection to cystic fibrosis? (please tick)

I am an adult with cystic fibrosis ☐

I am a parent of a child with cystic fibrosis ☐ Child's DOB / /

My friend/family member has cystic fibrosis (please state relationship) ☐ _____

I am a cystic fibrosis healthcare professional (please give job title) ☐ _____

Other (please state) ☐ _____

Your support is making a real difference, and we'd love to keep you updated about our work and how you can help, including petitions and fundraising activities. Your details will only be used by us and you can change your mind at any time by calling **020 3795 2177** or emailing **supportercare@cysticfibrosis.org.uk**. Please let us know how you would like to hear from us:

I'm happy to hear from you by email Yes ☐ No ☐

I'm happy to hear from you by phone Yes ☐ No ☐

I'm happy to hear from you by text message Yes ☐ No ☐

Tick here if you do NOT want post ☐

Protecting your personal information. We promise that any information you give us will be used by Cystic Fibrosis Trust only. Please see **cysticfibrosis.org.uk/privacy-policy** for details of our privacy policy.