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FORM

SPONSORSHIP

Title	Forename	Surname	House name or number (please don't give your work address – it'll stop Macmillan claiming Gift Aid)	Postcode	Date paid	Your donation	Gift Aid (please tick)
Mrs	Janine	Smith	321 A	CR1 3FG	26.04.17	£10.00	✓
Mr	Peter	Johnson	65	GU3 2SQ	26.04.17	£15.00	√
			ne address in your own writing –				

We're so pleased you'd like to help people with cancer live life. We'll use your details to fulfil your request. We may contact you again by post or phone to tell you more about our services and other ways you can help, including opportunities to donate, volunteer or fundraise. Please let us know if you're also happy to hear from us by email and text. Yes I'd like to hear from you by email ______Yes I'd like to hear from you by text ______We promise to keep your details safe and never sell or swap them with anyone. Our privacy policy explains how we keep this promise. If you don't want to hear from us, or change your did before the provide the pr

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907), and the Isle of Man (604). Also operating in Northern Ireland, MAC17799

Please return your completed sponsorship form to:

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	(Pleas	se fill in your name and	home address in your own writing –	otherwise we ca	an't claim Gift Aic	d.)	
			·		Total		
				Date paid	I to charity		

services and other ways you can help, including opportunities to donate, volunteer or fundraise. Please let us know if you're also happy to hear from us by email and text. Yes I'd like to hear from you by email Yes I'd like to hear from you by text We promise to keep your details safe and never sell or swap them with anyone. Our privacy policy explains how we keep this promise. If you don't want to hear from us, or change your

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