



Donation Form

I would like to donate to the Prostate Cancer Research Foundation today

ProstateResearch
PROSTATE CANCER RESEARCH FOUNDATION

Title:	Name:	Surname:	
Address:			
Postcode:			Telephone:
Email:			

I enclose a cheque/postal order/CAF cheque (made payable to PCRf) for £ _____

I would like to donate by Credit Card: AMOUNT: _____ CARD TYPE: _____

NAME AS WRITTEN ON CARD: _____

CARD NO: _____ EXPIRY DATE: _____

SECURITY CODE: _____ SIGNATURE _____

(ALL security details will be properly destroyed)

ref.PCRF

I would like to make a regular gift to PCRf (please fill in details below)

Our bank details: Sort code 60-40-05 Account number 32125186 Nat West Bank, Charing Cross Branch, PO Box 113, Cavell House, 2a Charing Cross Road, London, WC2H 0NN

The sum of £ _____ amount in writing _____

Every month Every year Starting on: _____ (first payment date)

Signature: _____ Date: _____

Your bank details

Bank name: _____

Address: _____

Postcode: _____

Sort code: _____ Account number: _____

I am a UK taxpayer. Please reclaim the tax on all my donations to PCRf and any I make in the future, until I notify you otherwise. NB you must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations, currently 28p for every £1 you give.

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Signature: _____ Date: _____

Please return to: Chris Wing, Fundraising Dept, PCRf, Room 305, The Blackfriars Foundry, Blackfriars Road, London, SE1 8EN
T: 020 7953 7152 F: 020 7953 7280 E: info@thepcrf.org