



**BRAIN  
TUMOUR  
UK**

Providing support  
Funding research  
Raising awareness

## Thank you for your support

### 1 About you

Title: Mr / Mrs / Miss / Ms / Other
First name:
Last name:
Home address:
Postcode:
Daytime telephone number:
Mobile telephone number*:
Email*:
<small>*We can keep you up-to-date at less cost. We will not sell your details to other organisations, but we may want to send you further information about our vital work. If you would prefer not to receive updates from us, please tick this box: <input type="checkbox"/></small>

This Guarantee should be retained by the Payer.

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit CAF re Brain Tumour UK will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request CAF re Brain Tumour UK to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by CAF re Brain Tumour UK or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when CAF re Brain Tumour UK asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

### 2 If you are a UK tax payer... *giftaid it*

I am a UK tax payer and have given you my home address (**business addresses are not valid for Gift Aid**). Please claim Gift Aid on my donation at no extra cost to me.

Date: \_\_\_\_\_

### 3 I would like to support Brain Tumour UK with a regular donation by Direct Debit.

I have completed the Direct Debit opposite and would like to make a regular donation of: £

I would like to make this donation:  Monthly  Annually to be withdrawn on or around  1st  15th of the month

### Or I would like to support Brain Tumour UK with a single donation.

I enclose a cheque/postal order, payable to "Brain Tumour UK", for: £

Please debit my card for the amount of: £

Your name as shown on the card:

Mastercard  Visa  Delta  Switch/Maestro

Card number:  Switch/Maestro only

Valid from:  -  3-digit security code (on back of your card):  Issue no:

Expiry date:  -  Valid from:  -

Your authorisation signature:

Please return this form to:

**FREEPOST RSEK-RYJR-SGLR, Brain Tumour UK, Latimer, Chesham, Bucks HP5 1TU.**

### Instruction to your Bank or Building Society to pay by Direct Debit



Originator's number

6 8 9 0 2 7

#### Name and address of Account Holder(s)

Title: Mr / Mrs / Miss / Ms / Other	
First name:	Last name:
Address:	
Postcode:	

#### Bank/Building Society sort code

-  -

#### Bank/Building Society account number

#### Name and address of your Bank or Building Society

To: The Manager of

Bank / Building Society name:
Address:
Postcode:

#### Instruction to your Bank or Building Society

Please pay CAF re Brain Tumour UK 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 CAF re Brain Tumour UK and, if so, details will be passed electronically to my Bank / Building Society.

Your authorisation signature:

Date:

CAF Ref No: FS1393

CAF, KINGS HILL, WEST MALLING, KENT, ME19 4TA

Banks and Building Societies may not accept Direct Debit instructions for some types of account.