

## A Regular Donation Form:

Yes, I want to make a regular donation to help give children with cancer a future.

### 1 Your name and address

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

email \_\_\_\_\_

### 2 Your bank branch

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

### 3 Please pay CafCash Limited (Charity Aid Foundation)

Account

Sort Code   -   -

For the credit of The Lisa Thaxter Trust, the sum of:

£

each month for 24 months

### 4 Date of first payment

day  month  year

### 5 Debit my account, number

### 6 Sort Code

-  -

quoting with each payment reference 205-00

### 7 I would like the charity to reclaim tax on my donation and confirm that I am a UK tax payer.

### 8

Signature \_\_\_\_\_

Date \_\_\_\_\_

### 9 Please detach and return to:

The Lisa Thaxter Trust  
1 Betjeman Close  
Coulsdon  
Surrey CR5 2LU

### 10 Would you like to receive the charity's newsletter?

Yes  No