



Please use this form when sending us money you've raised through Your Event

Title (Mr/Mrs/Miss/Ms/Other)*	Name*	
Home address*:		
	<u> </u>	
Postcode*	Telephone number	
Email address		
* Fields marked with an asterisk must be complete. Please let us know if your circumstances or addressor us to contact you in the future, about our work	ess details change so that we ca	
Please return this form with your gift	to:	
FREEPOST RTHE-KYHB-TRTJ, Supporter Donations, Macmillan Cancer S Camelford House, 87-89 Albert Embankm	Support ent, London, SE1 7UQ	
Thank you for helping people living with cand	er by supporting our work.	
Please make your*		
Cheque Postal order Charity voucher		
Payable to Macmillan Cancer Support		
OR you can debit your		
Visa Mastercard Switch/Maestro		
Card number		Security number
Valid from date		
Card expiry date		
Issue number (Switch/Maestro only)		
Please tell us about Your Event, for example what you did:		

If you've used Gift Aid forms you can enclose these too.

By submitting this form you agree to us recording your details on our database. We may contact you about how we can support you and how you can get involved. Your details will be kept securely and only shared with our suppliers or partners. If you prefer us not to use your details in this way please call 0300 1000 200.