

PAYROLL GIVING FORM

YOUNG LIVES
vs CANCER

Please complete this form and return it to us at:

Freepost RTJB-SGSA-YTRE, Young Lives vs Cancer, Whitefriars, Lewins Mead, Bristol BS1 2NT

First time request ☐ Replacement for existing instructions ☐

Title: _____ Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Date of birth: _____

National Insurance Number

Employee Number

Name and full postal address of your employer

Company Name

Address: _____

Postcode: _____

I would like to support Young Lives vs Cancer with a regular gift of: ☐ £5 ☐ £8 ☐ £10 ☐ £15 ☐ Other £

Payment frequency: ☐ Weekly ☐ Monthly ☐ 4-weekly

We want to let you know about the difference you make to children and young people with cancer and their families, and other opportunities you have to get involved with fundraising, volunteering and our campaigns. If you're happy to receive this information, please let us know how you would prefer to hear from us.

Email: ☐ Yes ☐ No Text: ☐ Yes ☐ No

(details as above)

Your details are safe with us. To find out how Young Lives vs Cancer uses your information, please go to younglivesvscancer.org.uk/privacy-policy/

You can easily update this anytime on **0300 330 0803** or email us at **supporter.services@younglivesvscancer.org.uk**

Signature: _____

Date: _____