A picture containing drawing

Description automatically generated **Yes, I would like to make a donation to help beat prostate cancer**

**Your Details**

Text

Description automatically generated

**Don’t forget, you can increase the value of your donation by 25% at no cost to you by opting into Gift Aid below**

In order to Gift Aid your donation you must tick the box below:

c I am a UK taxpayer and would like the Prostate Project to claim back the tax on this donation and all donations I have made in the past 4 years prior, and all donations I make from the date of this declaration until I notify you otherwise.\*

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

\*Please note that you cannot Gift Aid any donations made by, or on behalf of a group, company or someone else. . I will notify The Prostate Project if I wish to cancel this declaration, am no longer eligible for Gift Aid or if my name and/or address change

Title: \_\_\_\_\_First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to make a donation of: £\_\_\_\_\_\_\_\_\_\_\_\_\_**

I enclose a cheque / postal order / CAF voucher made payable to The Prostate Project c

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**We would love to stay in touch with you** to keep you informed about our fundraising, events and other activities, as well as our research breakthroughs in diagnosing, treating and preventing prostate cancer. Please tick the box below to let us know how you wish to be contacted. Without this information we will not be able to contact you.

Email: c Post: c

We will always keep your details safe and secure. We will never share your personal information outside the Prostate Project Charity. Details about how we use and store your information can be found in our Privacy Notice at www.prostateproject.org.uk/privacy-notice2.html

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**Thank you**

Thank you for joining the fight to wage war against prostate cancer. We can only do this with your help.

When completed please return this form to: The Prostate Project, Stokes Centre for Urology, Royal Surrey County Hospital, Egerton Road, Guildford, GU2 7XX. You can also give by visiting www.prostate-project.org.uk/donate.

**A picture containing drawing

Description automatically generated I would like to make a regular donation**

**Our new Appeal target is £150,000 to buy the state of the art Incucyte live-cell analysis machine.** **If all our supporters donated £10/month we would reach our goal in a year.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instruction to your Bank to pay by Standing Order**

Pay HSBC Bank, 110 High Street, Godalming Sort Code: 40-22-12 Acc. No: 21293222 (The Prostate Project)

Chose the Amount: £5 c £10 c £20 c Other:£ c you would like to pay per \*month/\*quarter/\*year

(\*delete as appropriate)

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

Name(s) of account holder(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank/Building Society account number:

c c c c c c c c

Branch sort code:

c c c c c c

**Name and full postal address of your Bank/Building Society:**

To: The Manager Bank/Building Society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instruction to your Bank or Building Society**

Please pay The Prostate Project from the account detailed in this instruction until it is countermanded. I understand that this instruction may remain with The Prostate Project and if so, may be passed electronically to my Bank/Building Society.

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title:\_\_\_\_ First name: \_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you so much for your support**. When completed please return this form to the address below. You can also give by visiting [www.prostate-project.org.uk/donate](http://www.prostate-project.org.uk/donate).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Prostate Project- Stokes Centre for Urology, Royal Surrey County Hospital, Egerton Road, Guildford, GU2 7XX

Email: info@prostate-project.org.uk ~ Website: www.prostate-project.org.uk ~ Registered Charity No.1078523