Here's my gift to Paul Strickland Scanner Centre						
Please complete this form and post it to:						
Appeals, Paul Strickland Scanner Centre, Mount Vernon Hospital, Middlesex, HA62RN						
£50	£ ;	30	£10	£		
Essential patie	ent services Deci	ded by our trustee	S	Medic	al research	
Please provide your details below						
First name		Su	Irname			
Address						
Postcode		Telephone num	ber			
Please provide your email address if you are happy to receive information about our other work and opportunities to support us by email (if you haven't given us your email previously).						
Email]		
years and all fut Income Tax and by all the charitie	ure donations ur /or Capital Gains es or Community	ntil I notify them o s Tax for each yea y Amateur Sports	therwise. I have pa ar that is at least eo Clubs (CASCs) to	Appeal in the past 4 id or will pay qual to tax claimed which I donate. oply. Or I am not a UK	giftaid it	
Please tick if	you would like t	to receive an ack	nowledgement fo	r your donation/payı	ment.	
Cheque/CAF voucher		Made payable to PSSC.				
Bank transfer		Expiry date / / Security code Account no. 40684791; sort code 20-73-53.				
Standing order		Monthly	Quarterly	6 Monthly	Annually	
	Manager of	Bank name				
	Bank address:					
	Account no	nt no				
	Please pay Barclays Bank plc, 54 High Street, Ruislip, Middlesex HA4 7AT for the credit of Paul Strickland Scanner Centre. Account no. 40684791; sort code 20-73-53.					
Signature				Date		

IMPORTANT: If you don't want to receive information about our work and how to support us in future, tick this box . See the Legal section of our website for our privacy policy.

Any questions? Please ring us on 01923 886315 or email appeals@stricklandscanner.org.uk