

# SIGN UP NOW FOR THE HAMPSTEAD HEATH WALK 2014!



Please use one form per person and enter your details in BLOCK CAPITALS

- YES I would like to join the Hampstead Heath Walk 2014 (Please complete Sections A, B and C)  
 NO I can't make it but wish to donate (Please complete Sections A and B)

## SECTION A: YOUR DETAILS

Title ..... Full Name .....

Home address (please do not use work address) .....

..... Post Code.....

Email..... Tel No.....

## SECTION B: YOUR PAYMENT INFORMATION

Entry Fee: £15 per adult, free for under 16s

- I enclose a cheque/CAF voucher for £.....made payable to Cancerkin.  I am under 16  
 Please charge my Visa/Mastercard/Switch/Delta £.....

Card Number.....

Start Date.....Expiry Date.....Issue Number (Maestro).....

Name on card.....

Security Number: (last 3 digits on reverse of card).....

Signature.....Date.....



I would like this donation, any donation I have made in the past 4 years and any subsequent donations I make in the future to be treated as Gift Aid donations.

\* Gift Aid is only valid for a named individual so if you normally give as a couple, please specify which of you is making the donation for Inland Revenue purposes \*\* To qualify for Gift Aid, what you pay in income tax or capital gains must at least equal the amount we will claim in a tax year. Other taxes such as VAT and council tax do not qualify \*\*\* Cancerkin will reclaim 25p of tax on every £1 that you have given \*\*\*\* You are entitled to notify Cancerkin of cancellation of this Declaration at any time \*\*\*\*\* Please inform us if you cease to pay UK tax

## SECTION C: YOUR WALK

- I would like to enter the 5k walk  I would like to enter the 10k walk

I would like a FREE T-Shirt (please circle size): S M L XL No thanks

I confirm that I am physically able to undertake the **Cancerkin Hampstead Heath Walk**. I understand that Cancerkin (or any successor entity) shall not be liable to myself or my heirs/dependants for any damage or loss I may suffer however caused, including property loss, death or injury, arising out of or in connection with participation in the **Cancerkin Hampstead Heath Walk**, excluding a death or personal injury caused by Cancerkin's negligent acts or omissions.

Signature.....Date.....  
*If under 18, a signature of a parent or guardian is required*

Please return this entry form to: The Cancerkin Centre, Royal Free Hospital, Pond Street, London, NW3 2QG

# CANCERKIN CHALLENGES BREAST CANCER