



**Mouth Cancer Walk**  
www.mouthcancerwalk.org

## Awareness and Support

|                      |  |
|----------------------|--|
| <b>Your details:</b> | <b>Please use BLOCK CAPITALS for full name and address</b> |
| Name:                |  |
| Team Name (if any):  |  |
| Address:             |  |
| Event Date and Time: |  |
|                      | Mouth Cancer 10KM Awareness Walk 2020                      |
| Name                 |  |
| Venue                |  |

Send a cheque payable to "Mouth Cancer Foundation" to your Mouth Cancer Foundation contact person. Please include this form so we can claim Gift Aid.

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## Please sponsor me

| Full Name | Postcode | Full Home Address (please use BLOCK CAPITALS) |  |             | Amount   | Gift Aid<br>✓            | Paid<br>✓                |
|-----------|----------|---|--|-------------|----------|--------------------------|--------------------------|
|           |          | Number  | Street (in order for us to claim Gift Aid, this must be your home address) | Town/County |          |                          |                          |
| SAM PLE   | WF1 9AW  | 123   | EXAMPLE  | EXAMPLE     | £ 5 : 00 | <input type="checkbox"/> | <input type="checkbox"/> |
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|           |          |   |  |             |          | TOTAL                    |                          |

**PLEASE SEND THIS FORM TOGETHER WITH ALL CHEQUES TO: Mouth Cancer Foundation, Larchfield Loft, 2 Larchfield Close, Weybridge, Surrey, KT13 9DD by 31.12.20**

Remember you can create a free online sponsorship page to track your online and offline donations. See [www.mouthcancerwalk.org](http://www.mouthcancerwalk.org)

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