

# Gift Form

'Yes I would like to help more people living with cancer'

Your name: \_\_\_\_\_

Best daytime contact number: \_\_\_\_\_

Your address: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

## Please let us know what you would like to do:

I would like to set up a regular monthly gift for \$ \_\_\_\_\_ a month.

I would like to make a single gift. Your choice of \$ \_\_\_\_\_ will help people with cancer

**\$10** could go towards a therapy session providing emotional and practical support to someone newly diagnosed with cancer

**\$50** could help to run a breast or prostate cancer support group for 6 months

**\$20** could keep our library stocked with all the information needed to support people affected by cancer for one day

Just **\$15** a month could help to provide paint, paper and brushes towards our Art Therapy classes for children with cancer.

I would like to find out more about an event or project. Please let us know more details

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

Where did you hear about Faraja? \_\_\_\_\_

Nominate the method of payment for your contribution:

Your payment details:

Credit Card Payment.

Please debit this card: MasterCard  Visa  Amex

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Any cheques or money orders payable to Faraja Cancer Support Trust

Online Payment Option: This can be done safely and securely through our website;  
[www.farajacancersupport.org](http://www.farajacancersupport.org) or PESAPAL <http://payments.pesapal.com/farajacancersupport>

MPESA: Faraja Account No 509700.

Direct Debit to \_\_\_\_\_ . Deposit to the Faraja NIC Bank Account:  
Account Name: Faraja Cancer Support Trust Account Number: 1000018569

Please put your name in the reference and let us know you have done this so we can ensure your gift arrives safely.

**Thank You in Advance.**



TOGETHER  
WE CAN  
MAKE A DIFFERENCE  
IN THE LIVES OF  
CANCER PATIENTS  
AND THEIR FAMILIES.