



OPA

The Oesophageal
Patients Association
Caring for the cancer patient & their family

Join the Fight

against Oesophageal and Gastric Cancer

Please fill in the form overleaf to pledge your support

The OPA has worked for over thirty years to support patients, carers and their families touched by oesophageal and gastric cancer, in what can be a lonely journey. We offer support by means of a national helpline, online resources and medically approved information and booklets.

There is a network of regular local meetings of patients, and a national involvement in improving treatment and outcomes. We also raise awareness of symptoms to enable early diagnosis and thereby save lives.

Please will you help us?

Your donation will make a huge difference and help us to support and reassure patients, carers and their families whose lives are touched by these devastating illnesses.



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Registered Charity No 1062461

By bank transfer

Recipient bank: HSBC Bank,
34 Poplar Road, Solihull, B91 3AF
Sort Code: 40 - 42 - 12
Account Number: 02301636

To make a donation visit:

<https://www.opa.org.uk/donations.html>

By regular Standing Order payment – Sort Code: 40-42-12 Account Number: 51354973

I wish to make regular donations to the Oesophageal Patients Association of *(tick appropriate box)*

£2 £5 £10 £25 £100, or other amount:

Please state amount in words:

every *(tick appropriate box)* Week Month Year starting on ___ / ___ / ___ until further notice.

Your bank details

To: (insert name and address of your bank) _____

Sort Code: ____-____-____ Account Number: _____

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

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

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to the OPA.

I am a UK taxpayer and 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.

Your Details

Title: (Mr/Mrs/Dr etc.) _____ Name: _____

Address: _____

Tel: _____ Email: _____

Signature: _____ Date: ___ / ___ / ___



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Please send this form to:

Fundraising Dept. The OPA, 50 High Street,
Henley-in-Arden, Warwickshire, B95 5AN
Or email to: enquiries@opa.org.uk

For further information please contact The OPA
on 0121 704 9860 or email charity@opa.org.uk

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