Sponsorship and Gift Aid Declaration Form

Please sponsor me (name of participant)				
To (name of event)				
In aid of (name of charity) Sophia Pregna	ncy Loss S	upport		

If I have ticked the box headed 'Gift Aid? '', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Remember: You must provide your full name, home address, postcode and '√' Gift Aid for the charity to claim tax back on your donation.

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	Sponsor's Full Name	Sponsor's Hor			Postcode	Donation	Date	Gift Aid?
	(First name and surname)	Only needed if y	ou are Gift Aiding <mark>y</mark> a	our donation.		Amount	Paid	(V)
				are Gift Aiding your donation				
		zon egire your	work address if you	are difficulting your donation		-		
1								
2								
3	100							
4	V							
5								
6					0			
7								
8								
9								
10								
				Total donations re	eceived £			
				Total Gift Aid dor	nations £			
				Date donations given to (Charity			