SPONSORSHIP FORM



Please Sponsor me!

Name of Fundraiser:

I am taking part in:

A member of the Action Mental Health Group

Remember—to claim Gift Aid you MUST include your Full Name, Address and Postcode and TICK Gift Aid!

In aid of New Life Counselling!

Boost your Donation by 25p for every pound! Please Tick 'Gift Aid'

If I have ticked the box headed 'Gift Aid? $\sqrt{}$ ', I confirm that I am a UK Income or Capital Gains tax-payer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) 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.

Sponsor's Name (First name & Surname)	Sponsor's Home Address (Required if Gift Aiding your	Donation)	Postcode	Amount Given	Date Paid	Gift Aid
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		Total Donations:			Date Given to	
		Total Gift Aid:			Charity://	

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A member of the Action Mental Health Group

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		Total Donations:			Date Given to Charity:	
		Total Gift Aid:				