

Sponsorship and Gift Aid declaration form



giftaid it

Please sponsor me _____

To (event) _____

In aid of _____

We, who have given our names and addresses below and have ticked the box headed "Gift Aid?(✓)" want the charity named above to reclaim the tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed by the charity on the donation

Full name (First name and surname)	Home address Not your work address (this is essential for Gift Aid)	Postcode	Amount £	Date paid	Gift Aid? (✓)
Total donations received			£		
Total Gift Aid donation			£		

Remember: Full name + Home address + Postcode + ✓ - *giftaid it*

Send cheques made payable to G.U.T.S to:
 GUTS, Fundraising Office, Level A, Royal Surrey County Hospital,
 Egerton Road, Guildford, Surrey. GU2 7XX

Full Name (First name & surname)	Home Address (Not work address, this is essential for gift aid)	Postcode	Amount £	Date Paid	Gift Aid ✓
Total Donations Received			£		
Total Gift Aid Donation			£		

Your Title: _____ Your Name: _____ Tel No: _____

Your Address: _____

_____ Postcode: _____

Your Email: _____