SPONSORSHIP FORM

FULL NAME (First Name & Surname):.....

EVENT NAME:.....

NAME (First & Last)	HOME ADDRESS (Essential to claim Gift Aid)	POSTCODE (Essential to claim Gift Aid)	AMOUNT	GIFT AID (Tick)	PAID (Tick)	SIGNATURE (Essential to claim Gift Aid)	DATE

GIFT AID

In order to reclaim the tax on donations, please ensure that you give your donors' full address details and ensure they date the declaration below.

Gift Aid will only be claimed on donations after the costs of the event have been covered.

DONOR DECLARATION

I want Help a Capital Child to reclaim tax on all my donations made on or after the date of this declaration. I am a UK tax payer and pay tax equal to or more than the tax deducted from my donations (donors may cancel this agreement at any time by writing to Help a Capital Child).
Just tick the Gift Aid box for Help a Capital Child to claim back an extra 28p per £1 at no extra cost or inconvenience to you.

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HELP A CAPITAL CHILD

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