



Sponsorship Form

Name:

Date:

Address:

Contact:

Event:

Sponsor's Full Name*	Sponsor's Home Address*	Postcode*	Donation Amount	Signature	Date Paid	Gift Aid?✓



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 or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the year at least equal to the amount of tax that all charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Sponsorship Form

PLEASE PHOTOCOPY FOR ADDITIONAL SHEETS

Sponsor's Full Name*	Sponsor's Home Address*	Postcode*	Donation Amount	Signature	Date Paid	Gift Aid?✓

Please send completed forms to:
Rotherham Hospice, Broom Road, Rotherham
S60 2SW

Charity No:
700356



rotherhamhospice.org.uk
01709 308 900

