



Event name: _____ Event date: _____
 Full name: _____
 Address: _____ Postcode: _____

Sponsorship Form

Mr Ms Miss	First Name (Print Clearly)	Family Name (Print Clearly)	Full Home Address with Post Code for Gift Aid (Print Clearly) PLEASE!	Amount (£)	Gift Aid?* (✓)	Date Paid

giftaid it

*If I have ticked the box headed 'Gift Aid? v', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity VHL UK/Ireland named above to reclaim tax on the donation detailed above, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and VHL UK/Ireland 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.