

Sponsorship FORM

Event Name: _____

Participants Details:

Name: _____

Address: _____

Postcode: _____ Date: _____



Child Bereavement Support

Your details will be added to our database. From time to time Simon Says may write to you with information or to seek your support for our work. If you do not wish to receive future mailings, please tick the 'No Mail' column

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 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.

gift aid it!

Name	Full home address including postcode Only needed if you are Gift Aiding your donation	Amount Sponsored	Gift Aid	No Mail



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Name	Full home address including postcode. Only needed if you are Gift Aiding your donation.	Amount Sponsored	Gift Aid	No Mail