

Sponsorship and Gift Aid declaration form



Please sponsor me (name)	
To (event)	
In aid of	

If I have ticked the box headed 'Gift Aid? $\sqrt{\ }$, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want City Health Care Partnership Foundation 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 tax year at least equal to the amount of tax that all the charities 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.

Full name	Home address	Postcode	Amount	Gift Aid?

Full name	Home address	Postcode	Amount	Gift Aid?	
	Total donations received				
Total Gift Aid donations					
		Date donations given to chari	ty		