

# SPONSORSHIP FORM

Please help me to support our local Bucks NHS hospitals

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I am happy for you to contact me by: Post  Email  Phone  Opt out of all communication

Date of event  Name of event or fundraiser

Your details are safe. We do not share with any third parties.

*giftaid it* ✓ Boost your donation by 25p for every £1 you donate

I want Scannappeal to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Scannappeal. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Make sure that we can read your full name, home address and postcode.

Title	First Name	Surname	Home Address	Postcode	Donation Amount	Gift Aid	Date Paid	Tick For More Info About Us
Mrs	Anna	Scanna	18 Example Street, Amersham, Buckinghamshire	HP7 0JD	£10	✓	01/01/20	✓

Sponsors must complete in their own handwriting for Gift Aid purposes. Please do not photocopy this form.

Next steps: 1. Check all details are complete. 2. Check the total amount on the form matches the amount you are sending. 3. Cheques should be payable to Scannappeal. 4. For BACS details call the office on 01494 734161.

Please return your completed sponsorship form to:  
 Scannappeal Office, Amersham hospital, Whielden Street, Amersham, Buckinghamshire, HP7 0JD  
 Thank you for your support Registered Charity No. 296291

