

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

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 Scannappeal 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.

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

OFFICE USE ONLY: Total donations received: £..... / Total gift aid donations: £..... / Date donations given to Scannappeal:.....

Thank you for your support Registered Charity No. 296291