

Sponsorship and Gift Aid declaration Form *giftaid it*

Please sponsor me (Name)

To (event)

In aid of **Freedom From Fistula**

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 or Community Amateur Sports Club (CASC) named above 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 and CASCs I donate to, will reclaim on my gifts for that 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.

Remember: Full name + Home address + Postcode + = *giftaid it*

Full Name (First name & Surname)	Home address (Only needed if you are Gift Aiding your donation). Please don't put your work address here	Postcode	Amount £	Date Paid	Gift Aid? £ <input checked="" type="checkbox"/>	Tick to receive our newsletter <input checked="" type="checkbox"/>



Making **Life** Worth **Living**

www.freedomfromfistula.org.uk

Freedom From Fistula Foundation, The Steading, Kinfauns, Perth, PH2 7JU
 Tel 01738 633264 | Email info@freedomfromfistula.org.uk | Registered in Scotland Charity No SC039493

Full Name (First name & Surname)	Home address (Only needed if you are Gift Aiding your donation). Please don't put your work address here	Postcode	Amount £	Date Paid	Gift Aid? £ ✓	Tick to receive our newsletter ✓
		Total donations received	£			
		Total Gift Aid donations	£			
		Date donations given to Charity or CASC	£			

Please send this completed form, together with a cheque (payable to Freedom From Fistula Foundation) for the amount collected, as soon as possible after the event, to the address at the bottom of the front page. Thank you for supporting **Freedom From Fistula** by taking part in this event.

I enclose a cheque for £..... Name:

Full Home Address: Post Code:

In case of query: Contact Telephone Number:E-mail Address: