

SPONSORSHIP & GIFT AID DECLARATION FORM



giftaid it

Please sponsor me (name) _____

To (event) _____

in aid of the **LAWRENCE HOME NURSING TEAM** _____

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 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.

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? ✓
Total donations received			£		
Total Gift Aid Donations			£		
Date donations given to charity or CASC					