

SPONSORSHIP FORM



Event reference:	Form No.:
Fundraising event:	
Name of fundraiser: Contact address:	
Telephone:	Email:

BOOST YOUR DONATION BY 25p OF GIFT AID FOR EVERY £1 YOU DONATE
Please tick the box headed 'Gift Aid' (✓)

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 Northern Ireland Chest Heart & Stroke 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	Sponsor's Home Address (only needed if gift aiding your donation)	Town	Postcode	Amount Given	Date Given (dd/mm/yy)	Gift Aid*
Mr John Smith	21 Dublin Road	Belfast	BT2 7HB	£10	30/04/12	✓

REMEMBER!
Full name + Home Address + Postcode + ✓
= GIFT AID

Total	£	Date Donations given to Charity
Gift Aid	£	---/---/----

Northern Ireland Chest Heart & Stroke

Title, First Name & Surname	Sponsor's Home Address (only needed if gift aiding your donation)	Town	Postcode	Amount Given	Date Given (dd/mm/yy)	Gift Aid*

REMEMBER!
Full name + Home Address + Postcode + ✓
= GIFT AID

Total	£	Date Donations given to Charity
Gift Aid	£	---/---/----



We're your local charity for the care and prevention of chest, heart and stroke illnesses

Thank you for your support

Please return your sponsorship form to:
**NORTHERN IRELAND
 CHEST HEART & STROKE
 21 Dublin Road
 Belfast
 BT2 7HB**
 Registered Charity No. **NIC 103593**
 Web: www.nichs.org.uk

For office use only

Gift Aid 1	Gift Aid 2	Total Gift Aid