



Fundraising Sponsorship and Gift Aid Form

Please photocopy for extra sheets

EVENT:

PARTICIPANT DETAILS:

FIRST NAME:

SURNAME:

ADDRESS:

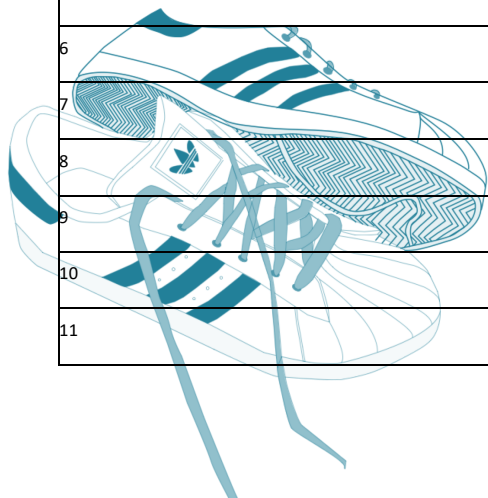
POSTCODE:

giftaid it

By ticking the box headed 'Gift Aid' you are agreeing to the following statement - "I want ADRA-UK to reclaim tax on my donation detailed above, given on the date shown. I confirm I am a UK taxpayer and 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 my donations it is my responsibility to pay any difference." Remember: Full name + Home address + Postcode + ✓ = **Gift Aid It**

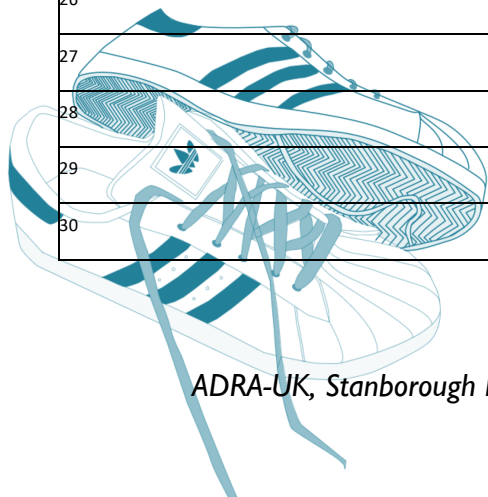
PLEASE COMPLETE IN BLOCK CAPITALS

Full name of sponsor	Home address (NOT work)	Postcode	Amount Paid	Gift Aid (please read the statement above)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				



PLEASE COMPLETE IN BLOCK CAPITALS

	Full name of sponsor	Home address (NOT work)	Postcode	Amount Paid	Gift Aid (please read the statement above)
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
TOTAL:					



Please make any cheques payable to ADRA-UK

ADRA-UK, Stanborough Park, Watford, WD25 9JZ.

Registered charity no. 1074937 - SC037726 – IOM1101.

www.adra.org.uk