Sponsorship and Gift Aid declaration form

Bolt round the Holt
5k • 10k • half marathon

GUTS FIGHTING BOWEL CANCER
Charity No: 1026791

The Royal Surrey Appeal
Charity No: 1049776

giftaid it

Please sponsor me _____

To (event) _____

In aid of _____

We, who have given our names and addresses below and have ticked the box headed "Gift Aid?(✓)" want the charity named above to reclaim the tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed by the charity on the donation

Full Name (First name and Surname)	Home address Not your work address (this is essential for Gift Aid)	Postcode	Amount £	Date Paid	Gift Aid? (✓)	* Data Protection (✓)

Total Donation Received	£
Total Gift Aid donation	£

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

BMI Mount Alvernia Hospital
THE CONSULTANTS' CHOICE

* Please tick the data protection box if you would not like to receive further information from the fundraising department of The Royal Surrey County Hospital Charitable Funds or G.U.T.S