Sponsorship and Gift Aid declaration Form

Please sponsor me (name of participant)**:**

To (name of event)**:**

In aid of Alexander Devine Children's Hospice Service
Thank you for your support

For more information please visit: www.alexanderdevine.org

Alexander Devine Children's Hospice Service

giftaid it

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 named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and /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. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Remember: Full name + Home address + Postcode + √ = Gift aid

Sponsor's Full Name (First name & surname)	Sponsor's Home address Only needed if you are Gift Aiding your donation Don't give your work address if you are Gift Aiding your donation	Postcode	Gift Aid '√ '	£ sponsored	Date paid

Please return your completed form, together with cheque(s) made payable to Alexander Devine to: ADCHS, Unit 15, Waltham Road, White Waltham, Maidenhead, Berks SL6 3LW
Tel: 01628 822777 Charity Reg: 1118947