Jo's cervical cancer trust

giftaid it

Sponsorship form

Name of fundraiser _____ **Event** _____ **Location** _____ **Date** _____

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid? (✓)', want the charity or CASC named above to reclaim 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 or CASC 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** (dd/mm/yy)	**Gift Aid?** (✓)
	Total donations received £				
	Total Gift Aid donation £				

Remember: Full name + Home address + Postcode + Date paid + giftaid it

PTO

Full name (First name and surname)	Home address Not your work address (this is essential for Gift Aid)	Postcode	Amount £	Date paid (dd/mm/yy)	Gift Aid? (✓)
	Total donations received £				
	Total Gift Aid donation £				

Thank you for your support

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FundRaising Standards Board