

giftaid it

Sponsorship form



Name of fundraiser _____ Event _____ Location _____ Date _____

Fundraiser's address _____ Postcode _____

*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 Jo's Cervical Cancer Trust 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 Jo's Cervical Cancer Trust will reclaim 25p of tax on every £1 that I have given.

Full name (First name and surname)	Home address (Not your work address – home address is essential for Gift Aid)	Postcode	Amount £	Date paid (dd/mm/yy)	*Gift Aid? (✓)

Thank you for your support

PTO

*(See Gift Aid statement on front page)

Full name (First name and surname)	Home address (Not your work address – home address is essential for Gift Aid)	Postcode	Amount £	Date paid (dd/mm/yy)	*Gift Aid ? (✓)
Total donations received £					
Date donations sent or paid to charity					

Thank you for your support

Please return to:

Jo's Cervical Cancer Trust
CAN Mezzanine, 7-14 Great
Dover Street, London SE1 4YR

T 020 3096 8100
E fundraising@jostrust.org.uk
www.jostrust.org.uk

Helpline: 0808 802 8000

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