

# SPONSORSHIP FORM



Name \_\_\_\_\_

Your Supporter Reference (if known) \_\_\_\_\_

For (event) \_\_\_\_\_ **in aid of Teenage Cancer Trust**

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 Teenage 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 Teenage Cancer Trust will reclaim 25p of tax on every £1 that I have given.

**Remember:** You must provide your full name, home address, postcode & ‘✓’ Gift Aid for Teenage Cancer Trust to claim tax back on your donation. *giftaid it*

Sponsors Full Name <small>(first name and surname)</small>	Sponsor's Home address <small>(Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation)</small>	Postcode	£Amount	Date Paid	Gift Aid?  ✓
John Smith	1 Example Rd, London	EX4 MPL3	£20	10/10/19	✓
Total donations recieved			£		
Date donations given to Teenage Cancer Trust					