Event:

Date:

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Full name:
Home address:
Postcode:
Phone (Jaytime):
Phone (evening):
Nobile:
Email *:



Sponsorship Form We are very grateful for your support!

*By giving us your email address, you are giving us consent to send emails to you with information about our work and other events.

IMPORTANT - Sponsors, please add your name, address and postcode so we can claim gift aid. Please print clearly in block capitals.

Title	First name	Surname	Home Address		Postcode	Amount pledged £	Date	Gift Aid?	Gift Aid amount £ (for office use only)		
Ref:					Total donations received£Total GiftAid donations£						
					Date donations given to Cystic Fibrosis Care						

IMPORTANT -	Sponsors,	please add	your name,	address and	postcode so	we can claim	gift aid. Plea	ase print clearly	y in block c	capitals

Title	First name	Surname	Home Address	Postcode	Amount pledged £	Date	Gift Aid?	Gift Aid amount (for office use only
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	Please tick as I am a UK donations and/or Capita Fibrosis Care Dated OR	appropriate: (taxpayer and would li as Gift Aid donations I Gains tax for each tax will reclaim on my gifts	tions by 25% at no ke Cystic Fibrosis Care to treat all o until I tell you otherwise. I can confi x year (6 April to 5 April) that is at le s for that tax year. I understand that Gift Aid is not valid if you do not o	lonation I have r rm I have paid o ast equal to the other taxes suc	made in the last or will pay an an amount of tax h as VAT and C	four years a nount of Inco that the char	ome Tax ities or o not qu	k Cystic

you raise to the address below. Please photocopy this form if you need more space, but please return to us all forms written on by sponsors so that we can process Gift Aid.



Contact us for further details or to get more information and involved with our charity go to: www.cysticfibrosiscare.org.uk

Head Office: Cystic Fibrosis Care, Westgarth, Snape, Bedale, North Yorkshire DL8 2TJ Telephone: 01677 470469 | Mobile: 07857 508 900 | Email: contactus@cysticfibrosiscare.org.uk Registered Charity No: 1162445