

Sponsorship Form

Name..... Address.....
Postcode.....
Event Name.....Date of Event.....

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*Yes! I would like Care for the Carers to benefit by reclaiming tax on my donation. I confirm that I am a UK Income or Capital Gains taxpayer. I understand that if I pay less Income Tax and/or Capital Gains Tax in the current year than the amount of Gift Aid claimed on all my donations then it is my responsibility to pay any difference. I understand that Care for the Carers will reclaim 25p of tax on every £1 that I have given.

Name	Home Address Including Postcode (only required for gift aid purposes)	Gift Aid* <input type="checkbox"/>	Amount	Date Paid	I am happy for CftC to contact me about future work and fundraising	
					By post	By email
Total						

Thank you for your support