

Sponsorship form

FIRST NAME:

SURNAME:

POSTCODE:

EVENT NAME:

EVENT DATE:

TARGET:

WARD/DEPARTMENT RAISING FOR:

Please sponsor me so we can help make healthcare in our community even better.



giftaid it

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 Colchester & Ipswich Hospitals Charity 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 the charity will reclaim 25p of tax on every £1 that I have given.

Title	Full Name	Postcode	Home Address (not your work address this is essential for gift aid)	Amount	Gift Aid	Date Collected
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	

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				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	
				£	<input type="checkbox"/>	

Please return completed sponsorship forms to:

Colchester & Ipswich Hospitals Charity, NO49, Heath Road, Ipswich, IP4 5PD