



# Sponsorship form

Please sponsor me so we can help build a new Breast Centre at Ipswich Hospital.



FIRST NAME:

SURNAME:

POSTCODE:

EVENT NAME:

EVENT DATE:

TARGET:

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 and/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.

*giftaid it*

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"/>	

