



The Cancer Centre Campaign
transforming cancer care

Sponsorship form

Please sponsor me so we can help
build a new Cancer & Wellness Centre
at Colchester Hospital.



Registered Charity Number 1048827

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"/>	
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				£	<input type="checkbox"/>	



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				£	<input type="checkbox"/>	

Please return completed sponsorship forms to:

Colchester & Ipswich Hospitals Charity, Postbag No49, Heath Road, Ipswich IP4 5PD

Registered charity number 1048827