



Sponsorship form

Please sponsor me so we can help build a new Children's Department 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.

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Title	Full Name	Postcode	Home Address (not your work address this is essential for Gift Aid)	Amount	Gift Aid?	Date Collected



Sponsorship form



Title	Full Name	Postcode	Home Address (not your work address this is essential for gift aid)	Amount	Gift Aid?	Date Collected

Please return completed sponsorship forms to:
 Colchester & Ipswich Hospitals Charity, Post Bag No49, Heath Road, Ipswich IP4 5PD
 Registered charity number 1048827