SPONSORSHIP AND GIFT AID DECLARATION FORM : **(group/unit details)**

Registered Charity – No.

We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid', want the above charity to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation**.**

EVENT: Child's Name ……

Full Name*	**Address***	**Post Code***	**Amount Pledged**	**Amount Given**	**Date Given dd/mm/yyyy**	**Gift Aid (tick)**
			Total Donations	£		

** To be eligible for Gift Aid, donors must give a full name and address.*

Office Purposes Only

Date monies received: ……..

Total income tax to be reclaimed on above donations: ……..