SPONSORSHIP FORM

Healthcare Workers' Foundation

NAME .....

CHALLENGE/EVENT.....

DATE OF EVENT .....

giftaid it

Turn every £1 you sponsor into £1.25 through Gift Aid (it doesn't cost you any extra). In order to claim Gift Aid, we must have your full name and address.

Your Gift Aid declaration: If I have ticked the box headed "Gift Aid", I confirm that I am a UK taxpayer. I have read this statement and want the Healthcare Workers' Foundation 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 than the amount of Gift Aid claimed on all my donations in that tax year (6th April to 5th April) it is my responsibility to pay any difference. The Healthcare Workers' Foundation will reclaim 25p of tax on every £1 I donate.

TITLE	FULL NAME	HOUSE NAME OR NUMBER	POSTCODE	DATE OF DONATION	DONATION AMOUNT	GIFT AID ✓ OR ✗

Once funds have been collected, please email a copy of this form to rosie@healthcareworkersfoundation.org