

Sponsor Form





in aid of



		Charity Number 1170369
Name	Address	
Event Name	Postcode	

* By Gift Aiding this donation, my sponsorship amount is increased by 25%! By ticking the GiftAid box I confirm that I am a UK taxpayer intending tax to be reclaimed on my donation, I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for a tax year (06 April to 05 April) at least equal to the tax repayment claimed on their donations by all the charities and Community Amateur Sports Clubs (CASCs) to whom the donor donates in that tax year.

Other taxes such as VAT and Council Tax do not qualify.

Sponsor's Full Name	Home Address*	Postcode*	Donation Amount	Gift Aid*	If you'd like to hear from us by email, please add your email address	Date Paid	Keep in Touch [^]
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
		Total	£				

Charity number 1170369

^Keep in touch: If you tick this box, we will use the details you provide to get in touch with you about how you can support Leeds Hospitals Charity. You can opt out of communications at any time. For further details about how we use and protect your information, please view our privacy policy at www.leedshospitalscharity.org.uk. If you do not tick this box, we will use you details for reclaiming Gift Aid and nothing else.

^{*}Remember: You must provide your full name, home address, postcode & tick Gift Aid for us to claim Gift Aid



Sponsor Form





in aid of



* By Gift Aiding this donation, my sponsorship amount is increased by 25%! By ticking the GiftAid box I confirm that I am a UK taxpayer intending tax to be reclaimed on my donation, I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for a tax year (06 April to 05 April) at least equal to the tax repayment claimed on their donations by all the charities and Community Amateur Sports Clubs (CASCs) to whom the donor donates in that tax year.

Other taxes such as VAT and Council Tax do not qualify.

Sponsor's Full Name	Home Address*	Postcode*	Donation Amount	Gift Aid*	If you'd like to hear from us by email, please add your email address	Date Paid	Keep in Touch^
			£				
		'	£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
			£				
		Total	£				

Charity number 1170369

*Remember: You must provide your full name, home address, postcode & tick Gift Aid for us to claim Gift Aid

^Keep in touch: If you tick this box, we will use the details you provide to get in touch with you about how you can support Leeds Hospitals Charity. You can opt out of communications at any time. For further details about how we use and protect your information, please view our privacy policy at www.leedshospitalscharity.org.uk. If you do not tick this box, we will use you details for reclaiming Gift Aid and nothing else.