Sponsorship Form

Name of participant .....

Gift Aid: *(Make your donation worth _____% more. Please note, you must be a taxpayer paying more tax than the amount we reclaim in order for us to claim Gift Aid from your sponsorship)*

Name	**Address**	**Postcode** (essential for Gift Aid)	**Amount**	**Gift Aid** (please tick)	**Tick if Paid**

Thank You for Your Help and Contributions