SPONSORSHIP FORM FOR (Name of Charity**):……**
(Your Name)……
(Name of Event and Date)……

Please read carefully before donating:

We who have given our names, addresses and ticked the box entitled 'Gift Aid' want the charity to reclaim tax on the donations 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.

Full Name	**Address**	**Postcode**	**Amount Pledged**	**Amount Collected**	**Date Given dd/mm/yy**	**Gift Aid** Please Tick
John Smith	1 High Street, Anytown, Anywhere	AA1 2BB	£5	£5	01/01/01	