**Sponsorship and Gift Aid declaration form**

**Please sponsor (name of participant)** \_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_

**To (name of event)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In aid of iSightCornwall**

If I have ticked the box headed ‘Gift Aid? ****’, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

**Remember: You must provide your full name, first line of your home address, postcode & tick the Gift Aid box for the charity to claim tax back on your donation.**

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| --- | --- | --- | --- | --- |
|  |  | **PLEASE COMPLETE FOR GIFT AID** |  |  |
|  | **Sponsor’s Name** (First name & surname) | **House name or number**Only needed if you are Gift Aiding your donation. Please don’t give your work address. | **Postcode** | **Gift Aid?****** | **Donation Amount** | **Date Paid** |
| 1 |  |  |  |  |  |  |
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| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
|  |  | **Total donations received** | **£** |
|  |   | **Total of Gift Aid donations** | **£** |
|  |  | **Date donations given to charity** |  |

**Please return completed form to: iSightCornwall, The Sight Centre, Newham Road, Truro, TR1 2DP**