



Sponsorship form



George Eliot Hospital
NHS Trust

First name:

Surname:

Postcode:

Event Name:

Event Date:

giftaid it

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 George Eliot Hospital Charity to reclaim tax on the donation detailed below. 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 for every £1 that I have given.

Title	Full Name	Home Address & Postcode *	Amount	Gift aid	Date Collected
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

*(not your work address this is essential for gift aid)

