**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)*

***Sponsorship Form Template***

**Sponsorship Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Address | Postcode (essential for Gift Aid) | Amount | **Gift Aid**  (please tick) | **Tick if Paid** |
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***Thank You for Your Help and Contributions***