

SPONSORSHIP FORM



Please sponsor (fundraiser name)

Fundraiser address and postcode

For (event name)

I'd like to raise £

Boost your donation by 25p for every £1 you donate!

In order to Gift Aid your donation you must tick the box below.

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Newcastle Hospitals Charity. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Make sure that we can read your full name, home address and postcode. Sponsors must complete their own details - forms in the same handwriting are not valid for Gift Aid.

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Please use blue or black pen and write in CAPITAL letters. All fields are mandatory.

Title	Full name (first and second name)	Postcode	Home address (This is essential for Gift aid)	Amount	Gift Aid	Date collected
MISS	ANNE EXAMPLE	NE1 ABC	20 EXAMPLE ROAD, HEATON, NEWCASTLE	£20	<input checked="" type="checkbox"/>	4/08/21
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By completing the details above you agree to the terms and conditions. Your details are safe with us. Check out our privacy policy at charity.newcastle-hospitals.nhs.uk/privacy/ for more details.



