Leukaemia Care
YOUR Blood Cancer Charity

Official sponsor form

Name: _____

Address: _____

_____

_____

Event: _____

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If your sponsors are UK tax payers, please encourage them to tick the Gift Aid box as we will receive an extra 25p per £1 they donate. Please ensure their address and postcode is filled in as it is vital for Gift Aid to be claimed.

FULL NAME	ADDRESS	POSTCODE	GIFT AID	AMOUNT	RECEIVED
First name and surname	**Full address**		**Please tick**	**£**	**Please tick**

TOTAL: _____

Please make cheques payable to Leukaemia Care and return with this form to:
Leukaemia Care, One Birch Court,
Blackpole East, Worcester, WR3 8SG

GIFT AID DECLARATION
By ticking the Gift Aid box, I confirm that I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. I confirm that 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 my donations in that tax year, it is my responsibility to pay the difference.