Sponsor Form

Name of participant …….

Gift Aid
(Make your donation worth 20% 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)

Name	**Address**	**Postcode** (essential for Gift Aid)	**Amount**	**Gift Aid** (please tick)	**Tick if Paid**

(Continue sponsors on reverse if needed)

Total Raised _____

Please send your sponsorship form and fundraising total to: