

## SPONSORSHIP FORM

Name:					
For (event):			_ in aid	of Kids Canc	er Charity
I have read thi the date shown the amount of (	d the box headed 'Gift Aid? \( \square\) ', I confirm that I is statement and want Kids Cancer Charity to reclaim. I understand that if I pay less Income Tax or Capi Gift Aid Claimed on all of my donations it is my resposs Cancer Charity will reclaim 25p of tax on every £1	tax on the d tal Gains tax nsibility to po	onation of in the cay any di	detailed belov :urrent tax ye	w, given on
	ı must provide your full name, home address, postcoo for Kids Cancer Charity to claim tax back on your do		git	faid it	
Sponsors	Sponsor's Home Address	Postcode	£	Date	Gift

Sponsors Full Name (first and last name)	Sponsor's Home Address (Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation)	Postcode	£ Amount	Date Paid	Gift Aid?
John Smith	1 Kids Cancer Charity Road, Swansea	EX1 MPL	£10	01/01/22	
	Total donatio	ns received	£		
	Total donatio  Date of donations given to Kids Can		£		

Please return all forms to:

## Freepost KIDS CANCER CHARITY

(no other details required!)

T: 01792 480500

E: enquiries@kidscancercharity.org W: www.kidscancercharity.org

