



EVENT NAME:.....

DATE OF EVENT:.....

**Please Sponsor me to support the
mental health and emotional wellbeing
needs of Liverpool's Children, Young
People and Families**

SPONSOR FORM

FULL NAME	HOUSE NUMBER	POSTCODE	AMOUNT PLEDGED £	DATE PAID	GIFT AID (✓)

If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

TOTAL:
THANK YOU!



SHEET 2...



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TOTAL:

THANK YOU!