CHARITY: _____ PARTICIPANT _____

We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid?(✓)', want_____ to treat as Gift Aid the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation. Please note that Gift-Aid cannot apply to sponsorship by family members.

Full Name	Address	Postcode	Amount Sponsored	Amount Due	Date Paid (dd/mm/yy)	Gift Aid? (✓)

.