



SPONSORSHIP AND GIFT AID DECLARATION FORM

Name of participant: _____

Name of event: _____

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.

No.	Full Name	Home address (only required for Gift Aid)	Postcode (only required for Gift Aid)	Amount (£)	Date paid	Gift Aid (tick)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total donations received						
Total Gift Aid donations						
Date given to Duchenne UK						