



START STOP SPONSORSHIP AND GIFT AID DECLARATION FORM

Name of participant: _____

Name of event: _____

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 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						

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No.	Full Name	Home address (only required for Gift Aid)	Postcode (only required for Gift Aid)	Amount (£)	Date paid	Gift Aid (tick)
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
Total donations received						
Total Gift Aid donations						
Date given to Duchenne UK						

