

## Sponsorship Form and Gift Aid Declaration

Name of Participant: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Event I am participating in: \_\_\_\_\_

My aim is to raise: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of event: \_\_\_\_\_

In aid of:



**HAMPSHIRE AND  
ISLE OF WIGHT  
AIR AMBULANCE**

Title	Sponsor's First Name	Sponsor's Surname	Sponsor's Home Address <small>Only needed if you are Gift Aiding your donation. We can not claim from work addresses.</small>	Postcode	Donation Amount	Date Paid	Gift Aid <input type="checkbox"/>
MR	JOE	BLOGGS	1 MIDDLE STREET, HAMPSHIRE	SO16 0YU	£10	01.01.18	<input checked="" type="checkbox"/>
Remember to <i>giftaid it</i> if you pay tax! By marking the 'Gift Aid' box, we can claim 25p tax back for every £1 you donate!							

If I have marked the box headed 'Gift Aid? v', I confirm that I would like all my donations, past, present and future to Hampshire and Isle of Wight Air Ambulance (Charity No. 1106234) to be treated as Gift Aid donations. I also confirm that I am a UK taxpayer and understand that if I pay less Income Tax /or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year, it is my responsibility to pay any difference.

**Remember: You must hand write your full name, home address, postcode & mark the 'Gift Aid' box for the Charity to claim tax back on your donation.**

**How to send your sponsorship to us:**

In aid of:

Please make all cheques payable to **Hampshire and Isle of Wight Air Ambulance** and send all monies along with all sponsorship forms to:

Hampshire and Isle of Wight Air Ambulance F4 Adanac Park, Nursling, Southampton, SO16 0BT.

Tel: 02380 743510

**Thank you for supporting us!**

www.hiowaa.org



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**Total donations received: £** \_\_\_\_\_

**Date donations given to Charity:** \_\_\_\_\_

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**Remember: You must hand write your full name, home address, postcode & mark the 'Gift Aid' box for the Charity to claim tax back on your donation.**