

Sponsorship Form

Participant details [BLOCK CAPITALS PLEASE]

Full Name: _____
 Address: _____
 _____ Postcode _____
 Tel: _____ Email: _____

Gift Aid:

To make your money go further at no extra cost to you, please tick the Gift Aid column below and ensure you add your name and address, so we can claim from the HMRC an extra 28p for every £1 you donate*.

Full Name Full Home Address Postcode Amount

<u>Full Name</u>	<u>Full Home Address</u>	<u>Postcode</u>	<input type="checkbox"/>	<u>Amount</u>
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More sponsors? Please download another form from womenstherapycentre.co.uk

Total Amount:

*"We, who have given our names and addresses and who have ticked the box entitled "Gift Aid" want the Women's Therapy Centre to reclaim tax on our donation. We understand that each of us must pay Income tax or Capital Gains Tax equal to the tax reclaimed by Women's Therapy Centre on the donation".

Kindly return this form with a cheque enclosed for the total amount raised to the address below. Cheques should be made payable to Women's Therapy Centre. Please do not send cash through the post.