



We wish you every success with your fundraising activity.

- Please remember to return this form to the office with any money raised, otherwise we will be unable to claim gift aid.
- Full name, address and postcode are needed in order for us to claim gift aid.
- You have a legal responsibility to ensure all sponsor money is paid to the **Colostomy UK**.
- Please photocopy this form if you need further pages.
- Cheques should be made payable to **Colostomy UK**.

Thank you for raising much needed funds for **Colostomy UK**. The money you raise will help us make a difference to the lives of people living with a stoma in the UK. It will fund vital support and projects to help people who are struggling pre or post surgery. It will also allow us to campaign to ensure that ostomates' rights and needs are recognised by society.

Sponsorship Form

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Supporting and empowering you.

Colostomy UK

100 Berkshire Place, Winnersh Triangle, Wokingham,
Berkshire, RG41 5RD

0118 939 1537 | info@ColostomyUK.org

www.ColostomyUK.org

Registered charity no: 1113471 | ©Copyright 2015–2022 Colostomy UK

Activity Description: _____

Date of event: _____

Sheet: _____ of _____

giftaid it *I want to **Gift Aid** my donation and any donations I make in the future or have made to **Colostomy UK** in the past four years. I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of the Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference (currently 25p for every £1 donated.)



full title	full first name	full surname	full address	postcode	amount	paid	gift aid*
Mr	John	Doe	1 Sample Street, London	NE1 1NE	£25.00	✓	✓
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