



# Sponsorship Form



Participants Name: \_\_\_\_\_ Participants Email: \_\_\_\_\_ Participants Phone Number: \_\_\_\_\_  
Date of event: \_\_\_\_\_ Sheet number: \_\_\_\_\_ of \_\_\_\_\_

We wish you every success with your fundraising activity. Please remember to return this form to our office with any money raised, otherwise we will be unable to claim gift aid. The donors 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 print another copy of this form and number it, if you need additional pages. Cheques should be made payable to Colostomy UK. Thank you for your support.

\*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).

**Please return completed form to: Colostomy UK, 100 Berkshire Place, Winnersh, Wokingham, Berkshire, RG41 5RD**