SPONSOR FORM

Name: _____

Event name: _____ Event date: _____

giftaid it

We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid', want Tearfund to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay Income Tax or Capital Gains Tax equal to the tax reclaimed by the charity on the donation. We will tell Toilet Twinning if we are no longer UK taxpayers.

Please ensure ALL columns are filled in or we will not be able to claim gift aid

Full name and title	**Full home address incl. postcode**	Amount per	Total amount	Date given	Gift aid (✓)	Request further info (✓)	Signature

Please make cheques payable to: **Toilet Twinning.**

Total £

Return the entire form together with monies raised to:

Toilet Twinning, 1052–1054 Christchurch Road, Bournemouth, Dorset BH7 6DS

For further information please call 0300 321 3217 or visit www.toilettwinning.org

Please photocopy this form if you need to.

For office use only
Total
Total gift aided
Date banked
Supporter no

Data Protection Act: To process these donations Tearfund will need to retain your details; however we will not contact you unless you have expressed permission.
Tearfund is a Registered Charity No.265464 (England & Wales) No.SC037624 (Scotland).

Full name and title	**Full home address incl. postcode**	Amount per	Total amount	Date given	Gift aid (✓)	Request further info (✓)	Signature