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SPONSORSHIP FORM

Please make sure you fill in all of these details

Name_____

Address_____

_____Postcode_____

Email_____

Phone_____

Event name_____

Please return your completed sponsorship form to: **Endowment Fund Supervisor, NHS Shetland Endowment Fund, Finance Department, Gilbert Bain Hospital, South Road, Lerwick, Shetland, ZE1 0TB**

Please Make every £1 worth 25p more at no extra cost to you
It's just a little box to tick, but Gift Aid makes a huge difference when it comes to how much money we can raise

Gift aid!

Your Gift Aid declaration: By ticking the Gift Aid box, I confirm that I am a UK taxpayer and I would like Shetland NHS Endowment Fund to treat this donation as a Gift Aid donation. I confirm I have paid or will pay an amount of Income Tax and/or Capital Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Title	Initials	Surname	House name or number	Postcode	Date of donation	Your donation	Gift Aid (please tick)
Mrs	L	Ward	Roadside	ZE2 9HV	05/07/18	£50	✓
Mr	R	Roberts	42	ZE1 2RB	05/07/18	£100	✓
(Please fill in your name and address in your own writing - otherwise we can't claim Gift Aid)							
					Total		
					Date paid to charity		