



## Sponsorship and Gift Aid declaration form

Please complete your address details before returning this form to Rosemere

.....

.....

POSTCODE:.....

Name: .....

Event: .....

Date: .....

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. By ticking the gift aid box you confirm you are a UK tax payer and request that this donation to the Rosemere Cancer Foundation be accepted under the Gift Aid scheme. If you pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all your donations in that tax year it is your responsibility to pay any difference.

**PLEASE NOTE: We are unable to claim gift aid on your donation if any of the columns below are not completed.**

Full Name (Title, First Name and Surname) <i>Please write clearly.....</i>	Home Address - Please <u>do not</u> use your work address <i>(Only required if you are gift aiding your donation)</i>	Postcode <b>ESSENTIAL</b>	Amount £	<i>giftaid it</i> ✓	Date paid
<i>eg Mr John Smith</i>	<i>12 Rosemere Lane, Preston</i>	<i>PR6 1AB</i>	<i>£10.00</i>	✓	<i>1.1.2014</i>

For office use only:

Total Donations received	£
Total Gift Aid Donations	£
Date donations given to Rosemere	

**Please make cheques payable to 'Rosemere Cancer Foundation'**

<b>Full Name</b> (Title, First Name and Surname) <i>Please write clearly.....</i>	<b>Home Address</b> - <b>Please <u>do not</u> use your work address</b> <i>(Only required if you are gift aiding your donation)</i>	<b>Postcode</b> <b>ESSENTIAL</b>	<b>Amount</b> <b>£</b>	<i>giftaid it</i> ✓	<b>Date paid</b>
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**Thank you for your support**

Rosemere Cancer Foundation, Radiotherapy  
 Department, Lancashire Teaching Hospitals NHS  
 Foundation Trust, Sharoe Green Lane, Preston, PR2 9HT

01772 522913

