

Charitable Fund

The Queen Elizabeth Hospital King's Lynn Charitable Fund

Registered Charity No. 1051327

Sponsorship Gift Aid Declaration Form

Please sponsor (**full name**): _____ Address: _____

_____ **Postcode**: _____ Who will be doing (activity) _____

On (date): _____ Raising money for: _____

Charitable Fund No.: _____

THANK YOU FOR YOUR SUPPORT



We, who have given our **full names** and **home addresses** below, and who have ticked the box entitled 'Gift Aid', want the above Charity to reclaim tax on the donations 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.

Sponsors' details

Full Name (First name and surname)	Home address - NOT work address	Postcode	Amount pledged £	Amount given £	Date given (dd/mm/yy)	Gift Aid
Total Amount			£			

To be completed by the Charitable Funds officer, Finance Department, The Queen Elizabeth Hospital King's Lynn NHS Trust, Gayton Road, King's Lynn, Norfolk, PE30 4ET:

Date Received Total amount of Gift Aid donations £ x20/80 = £ Tax reclaimable