

Sponsorship form

* Gift aid it - increase your sponsorship by 25% at no cost to you! See details below.

Please sponsor me: _____

I'm raising funds for Buckinghamshire Healthcare NHS Trust Charitable Fund

My address: _____ Postcode: _____

Email: _____ Tel: _____ Event/Activity: _____ Date: _____

Title	First name	Surname	Home address or just house no./name & postcode	Email address	Amount	Date paid	Gift aid*

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

* If you're a UK taxpayer, and the following statement applies to you, please tick the gift aid box:

I confirm that I am a UK Taxpayer and I want Buckinghamshire Healthcare NHS Trust Charitable Fund to reclaim tax on my donation, given on the date shown. I understand that if I pay less income and/or capital gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay the difference. I understand that Buckinghamshire Healthcare NHS Trust Charitable Fund will reclaim 25p on every £1 I have given. **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.**

Title	First name	Surname	Home address or just house no./name & postcode	Email address	Amount	Date paid	Gift aid*

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We would love to keep in touch with you about future events, campaigns, appeals and news,

Please tick your preferred communication type.

Post Email Telephone All

I do not want to receive communications from Buckinghamshire Healthcare NHS Trust Charitable Fund

Run out of room? Excellent! Photocopy the middle page of this form or download another one from our website: www.buckshealthcare.nhs.uk/charity

Please send all completed sponsorship forms and funds raised to:

Buckinghamshire Healthcare NHS Trust Charitable Fund, Amersham Hospital, Whielden Street, Amersham HP7 0JD

Registered Charity No: 1053113