## Rushmoor Healthy Living - Sponsorship and Gift Aid declaration form

Name of participant: \_\_\_\_\_\_

Age:	☐ Pre-school	☐ Infant	☐ Junior	☐ Secondary School/College	□18+		Proving your healt	h & Wellbar		
RHL	Class/School/College/Group:	(if applicable)	Em	nail:		<b>?TE</b>	D CUA	REAT		
Tel Number:		Home Address:		Post Code:			Registered Charit	y No. 1105381		
Nam	e of event: RHL's Great St	tep Challenge	In aid of (name of charit	y or CASC): Rushmoor Healthy	Living					
(CASC amou	C) named above to reclaim tax on unt of Gift Aid claimed on all of my	the donation detailed by donations it is my resp	elow, given on the date sho onsibility to pay any differe	ains taxpayer. I have read this statement a own. I understand that if I pay less Income ence. I understand the charity will reclaim ift Aid for the charity to claim tax back	Tax / or Capital ( 25p of tax on eve	Gains tax in the ry £1 that I hav	current tax	-		
1 2 3 4 5 6 7 8	Sponsor's Full Name (First name & surname)	Only n	or's Home address eeded if you are Gift Aid address if you are Gift Aid	ling your donation. Don't give your ding your donation.	Postcode	Donation Amount £	Date Paid	Gift Aid?		
9										
				Total Donation Received	£					
				<b>Total Gift Aid Donations</b>	£					
			Date	e Donations given to Charity or CASC						

Sponsor's Full Name	Sponsor's Home address	Postcode	Donation	Date	Gift Aid
(First name & surname)	Only needed if are Gift Aiding your donation. Don't give your work		Amount	Paid	<i>'√'</i>
	address if you are Gift Aiding your donation.		£		
	Total Donation Received	£			L
	Total Gift Aid Donations	£			
	Date Donations given to Charity or CASC				
	Date Dollations given to Charity of CASC				