



Hillingdon Hospitals Charity  
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# Sponsorship form

Please sponsor me \_\_\_\_\_

To \_\_\_\_\_

In aid of Hillingdon Hospitals Charity    Specific ward or department (optional) \_\_\_\_\_

Sponsor's full name	Home address (only needed if Gift Aiding your donation)	Postcode	Donation amount £	Date paid	Gift aid (see declaration below) ✓

If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Hillingdon Hospitals Charity to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / 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 any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Sponsor's full name	Home address (only needed if Gift Aiding your donation)	Postcode	Donation amount £	Date paid	Gift aid (see declaration below) ✓
		Total donations			
		Date paid to the charity			

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