## SPONSOR ME AND HELP BEAT BLOOD CANCER

Event name and date
•

Please make your donation worth an extra

Title*	Full name*
Home address	*
	Postcode*
Supporter num	nber
Telephone	
Email	
	oout the event you're doing. We'd also like to keep you informed about how your support is helping blood cancer patients.  act me by email Yes please, contact me by telephone No thank you, don't contact me by post

by completing this declaration. Please treat
as Gift Aid donations all donations I have made over the past four years
and all donations I make in the future (unless I notify you otherwise).

By ticking the Gift Aid box alongside your donation below, you are agreeing:
Yes, I am a UK taxpayer and would like Bloodwise to treat all donations
I have made for the four years prior to this year, and all donations I make
from today's date until I notify you otherwise, as Gift Aid donations.
I confirm that I pay an amount of Income Tax and/or Capital Gains Tax that
is at least equal to the amount of tax that all the charities or community
amateur sports clubs that I donate to will reclaim in the tax year.

I understand that other taxes such as VAT and Council Tax do not qualify.

Full name*	Home address*	Postcode*	Email address (Add your email address if you'd like to hear from us) †	£ Amount*	Gift Aid*	Date*	Paid
Rachel Smith	12 Main Street, London	SE1 1AB	rachelsmith001@gmail.com	£10	<b>/</b>	01/01/2016	

## **Bloodwise**

Sub total £	

Full name*	Home address*	Postcode*	Email address (Add your email address if you'd like to hear from us) †	£ Amount*	Gift Aid*	Date*	Paid

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Please return this sponsorship form together with your sponsorship money to Bloodwise, 39–40 Eagle Street, London WC1R 4TH.

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Sub total £	
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Total £			

Required fields for Gift Aid to be valid \*