

Life sponsorship form

10 Bridges Walk



CORF.01 ISSUE 4





Name of Life group (Any funds collected via Head Office will be credited to the below group)

Group Name	Group contact person
Email	Phone



*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 Life to reclaim tax on the donation detailed above, 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 that Life will reclaim 25p of tax on every £1 that I have given.



Participant Details (Please fully complete this section to enable LIFE to process any gift aid accrued. Thank you)

Full Name	Email
Address	
	Postcode
Event	Event Date

<u>Sponsors</u>

Remember: You must provide your full name, home address, postcode and '\sqrt{'} tick the Gift Aid box for LIFE to claim tax back on your donation.

Full Name	Address	Postcode	Email	Amount	Gift Aid? (please tick)*	Date collected

Data Protection Act 1998: By entering your details onto this form you agree that LIFE may contact you from time to time in connection with our charitable purposes. You are free to unsubscribe from receiving such mailings at any time. All personal details you have supplied will be held electronically by LIFE. LIFE never makes personal data that it holds available to external individuals or organisations.



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Full Name	Address	Postcode	Email	Amount	Gift Aid? (please tick)*	Date collected



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Full Name	Address	Postcode	Email	Amount	Gift Aid? (please tick)*	Date collected
			Total donation	s received		
			Total Gift Aid donation			
			Date donations giv	en to LIFE	DD/MN	I/YYYY



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