



supporting families
through childhood cancer

Sponsorship Form

Name: _____

Event: _____

Event Time: _____

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 Jack's Journey 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.

Title	Name	Address	Postcode	Amount	Gift Aid	Paid
Dr	John Smith		AB12 1ZT	£10	✓	✓