

SPONSOR FORM

Charity Number 1058037



Address:	Post Code:
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Name:	is fundraising for Barnsley Hospital Charity by taking part in (event title):	Please support them and the charity by sponsoring them below. Thank you for you support.
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First Name	Surname	Home Address	Post Code	Amount £	giftaid it	Date Paid
<i>John</i>	<i>Smith</i>	<i>1 Gawber Road, Barnsley</i>	<i>S75 2EP</i>	<i>£10</i>	<input checked="" type="checkbox"/>	<i>01/01/16</i>

I have ticked the box headed 'Gift Aid' and confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and would like Barnsley Hospital Charity 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 the charity will reclaim 25p of tax on every £1 that I have given.

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