Heath Hospital Lourdes Group

Registered Charity Number 1043293 | www.hhlg.org.uk

Sponsorship Form

Event _____ Fundraiser _____

Full Name *(first name & surname)*	**Post Code**	**Home Address** *NOT YOUR WORK ADDRESS*	**Amount**	**Gift Aid*** *(tick box)*

*HHLG can claim Gift Aid on every sponsorship donation without it costing you a penny extra. Please tick the box if you would like us to Gift Aid your donation. Please be aware that you must have paid at an amount of income tax and/or capital gains tax at least equal to the tax that we claim from your donation in the tax year you make the donation (6th April one year to 5th April the next).

Event | | Fundraiser | |

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