



# Castle Ride - Sunday 16 May 2010

**raising funds for action medical research**

Name _____	
Address _____	
_____	Postcode _____
Telephone _____	

**make your money 25% more cost-effective.**

We, who have given our names and addresses below, and who have ticked the box entitled Gift Aid?(✓), want Action Medical Research to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation.

*giftaid it*

Please note that any information you provide on this form will only be used for the purposes of claiming gift aid. We will not pass your details on to anyone else.

Full name	Home address <small>~ please note we cannot claim gift aid from a work address</small>	Postcode	Amount pledged	Amount given	Date banked (dd/mm/yy)	Gift Aid? (✓)
<b>Sub total £</b>						

If you run out of room for names? Don't worry, photocopies of this side of the form will be accepted

sponsorship form...

*give with confidence*



Charity reg. nos 208701 and SC039284

