

Event:

raising funds for action medical research

Name	
Address	
	Postcode
Telephone	

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.

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.

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

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

Sub total £

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s p o n s o r s h i p f o r m . . .



Registered Charity No. 208701 and SC039284

