SPONSORSHIP FORM

**Name: ……………………………………………………………………………………………………………………**

**Email Address: ……………………………………………………………………....................................**

**Contact number: …………………………………………………………………………………………………..**

**Address:**

**………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………..**

**Consent:**

Are you happy for us to contact you regarding with information regarding the work of Age UK Herefordshire & Worcestershire including future events? (Please tick which you are happy to be contacted by)

Email: Phone: Post:

The person named above has agreed to take part in the above event in aid of Age UK Herefordshire & Worcestershire (Registered Charity No. 1080545). The aim is to raise as much money as possible through sponsorship and we would value your support. £10 would go a long way but any amount will be gratefully received; the money raised will used to support Age UK Herefordshire & Worcestershire.

If I have ticked the box headed ‘Gift Aid (please tick)’, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity Age UK Herefordshire & Worcestershire to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

**PLEASE BE AS GENEROUS AS YOU CAN - THANK YOU FOR YOUR SUPPORT**

Full Name Home Address (essential for gift aid) Postcode Amount Date Gift Aid

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Please photocopy this page if you need more space for sponsors*

Full Name Home Address (essential for gift aid) Postcode Amount Date Gift Aid

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please make cheques payable to Age UK Herefordshire and Worcestershire.**

**Contact us for BACS information.**

**T: 0800 0008 6077**

**E:** **fundraising@ageukhw.org.uk**

Age UK Herefordshire & Worcestershire Malvern Gate, Bromwich Rd, Worcester, WR2 4BN

**“Making Herefordshire & Worcestershire a great place to grow older”**