 Bedford Hospital Charity & Friends

 *Making the difference for patients and carers*

 Please sponsor me (name)……………………………………………………….

 To (event)……………………………………………………………………………….

In aid of Bedford Hospital Charity & Friends……………………………………………………..…Appeal

If I have ticked the box headed Gift Aid I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Bedford Hospital Charity & Friends to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/or Capital Gains tax in the current year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay the difference. I understand the Charity will reclaim 25p of tax on every £1 that I have given.

***Remember – You must provide your full name, home address, postcode and √ Gift Aid for the Charity to claim tax back on your donation.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name**(first name and surname) | **Home address and postcode** (not your work address) | **Amount £** | **Date Paid** | **Gift Aid?****√** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Full name**(first name and surname) | **Home address and postcode****Not your work address** | **Amount £** | **Date paid** | **Gift Aid?****√** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |