 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.***

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