

	Name of person:	Event:	Date:
giftaid it			

## By ticking this box you are confirming the following:

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Title	Sponsor's FULL name	<b>Home Address</b> Please don't give your work address if you are Gift Aiding your donation.	Post code	Donation amount	Date	<b>Yes, Gift Aid</b> (please tick)	Here's how I'm happy to hear from Rethink Mental Illness (please tick)			
							Mail	Email	Phone	SMS



Rethink Mental Illness

## Sponsorship Form Support my fundraising

Sponsor's FULL name	<b>Home Address</b> Please don't give your work address if you are Gift Aiding your donation.	Post code	Donation amount	Date	<b>Yes,</b> Gift Aid (please	Here's how I'm happy to hear from Rethink Mental Illness (please tick)			
					tick)	Mail	Email	Phone	SMS
	Sponsor's FULL name	Sponsor's FULL name Please don't give your work address	Sponsor's FULL name Please don't give your work address Post code	Sponsor's FULL name Please don't give your work address Post code	Sponsor's FULL name Please don't give your work address Post code Donation Date	Sponsor's FULL name     Please don't give your work address     Post code     Donation amount     Date     Gift Aid (please	Sponsor's FULL name     Home Address     Donation     Gift Aid     from I       Sponsor's FULL name     Please don't give your work address     Post code     Date     Gift Aid     [please     [please	Sponsor's FULL name Home Address Post code Donation amount Date If om Rethink Gift Aid (please	Home Address   Donation   Gift Aid   from Rethink Mental II     Sponsor's FULL name   Please don't give your work address   Post code   Date   Gift Aid   (please tick)     if you are Gift Aiding your donation.   if you are Gift Aiding your donation.   Dotation   Date   If you are Gift Aiding your donation.

**Total donations received:** 

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