

Fundraising in aid of Frimley Health Charity *Registered Charity No: 1049600*
**Please sponsor** (Enter your own name, full address and date here please) **NAME:**
**ADDRESS:**
**DATE:**

I'm going to take part in the Twilight Runway Challenge 2020

**Remember: Full name + Home address + Postcode + tick the box =** *giftaid*

If I have ticked the box headed 'Gift Aid? ✓', then 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.

*giftaid it*

Sponsor's full name	Address (personal house number & street required for Gift Aid)	Postcode	Amount	Date paid	Gift Aid (✓)
<b>Total donations received</b>			£		
<b>Total Gift Aid donations</b>			£		
<b>Date donations given to Charity</b>					

Please pay all sponsorship money into your bank account and make a cheque for the balance payable to Frimley Health Charity.  
Return the cheque with this form to The Fundraising Department, Frimley Park Hospital, Portsmouth Road, Frimley, Camberley, Surrey, GU16 7UJ