

## Walk 4 Wards 2023 Sponsorship Form



Name:					;		
Address (with postcode): Email Address:							
Full Name	Home Address	Postcode	Gift Aid*	Amount	Collected		
John Smith	1, The Street, The Town	AB12 3CD	$\checkmark$		$\checkmark$		
				**************************************	**************************************		
				- 	- 		
		:		:			





Full Name	Home Address	Postcode	Gift Aid*	Amount	Collected

<sup>\*</sup>I confirm that I am a UK income or capital gains taxpayer. I have read this statement and want Frimley Health Charity to reclaim tax on my donation. I understand that I must pay an amount of income tax and/or capital gains tax in the tax year that is at least equal to the tax that Frimley Health Charity, and any other charities and CASCs I donate to, will reclaim on my donations for that tax year (council tax and VAT do not count). I understand the Frimley Health Charity will claim 25p in tax back for every £1 gift aided. Registered charity England and Wales 1049600.