



SPONSORSHIP FORM IN AID OF MACMILLAN CARING LOCALLY

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 Macmillan Caring Locally to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs (Community Amateur Sports Clubs) I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.
Remember: Full name + Home address + Postcode + = GIFT AID.

Fundraiser's Name:

Fundraiser's Address & POSTCODE:

First Name & Surname	Home Address <i>(please <u>don't</u> put your work address)</i>	Postcode	Amount pledged	Amount given	Date given	Gift Aid? <input type="checkbox"/>
	Address: Email:					
	Address: Email:					
	Address: Email:					
	Address: Email:					
	Address: Email:					
	Address: Email:					

Macmillan Caring Locally, Macmillan Unit, Christchurch Hospital, Christchurch, Dorset BH23 2JX 01202 477628 registered Charity no: 268218 www.macmillanlocal.org

FOR OFFICE USE ONLY: Date forms and funds received _____