

SPONSORSHIP & GIFT AID DECLARATION FORM

(PLEASE PHOTOCOPY A BLANK FORM AS REQUIRED)

NAME OF PARTICIPATING RIDER & STRIDER: ADDRESS & POST CODE:	Number in group: Number of churches visited:	NAME & ADDRESS OF CHURCH YOU WISH TO RECEIVE HALF YOUR SPONSORSHIP MONEY OR YOU CAN NOMINATE THE TRUST TO RECEIVE ALL YOUR SPONSORSHIP MONEY:
PHONE No:	EMAIL ADDRESS:	BIKE WALK OTHER

Those donating electronically via 'MyDonate', (see our Information and Sponsorship form or web site) should ensure that they identify clearly the church and its full address to which they are donating.

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 the charity named above 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 tax year than the amount of the Gift Aid claimed on all my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

SPONSORS should give Full Name, House Number or Name and Post Code - THIS IS A HMRC REQUIREMENT to recover Gift Aid. Please see HIHCT GDPR Privacy Notice on www.hihct.org.uk

Full Name	email Address or Telephone No.	House No. or Name	Post Code	Amount Pledged	Gift Aid (✓)	Date Paid	Amount collected	
							CASH	CHEQUES <small>only payable to 'HIHCT'</small>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 'MyDonate' Donations to date £ </div>							<i>Cash Total</i> £	<i>Cheques Total</i> £
Registered Charity No. 299633							Total Donations £	

Form Ref (to be completed by HIHCT)

PTO

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PLEASE GIVE THIS ACTUAL FORM TO YOUR CHURCH REPRESENTATIVE FOR THE INLAND REVENUE DETAILS BELOW TO BE COMPLETED BY HAMPSHIRE & THE ISLANDS HISTORIC CHURCHES TRUST							<i>Cash Total</i>	<i>Cheques Total</i>
							£	£

DATE MONIES RECEIVED

TOTAL GIFT AID DONATIONS

X22/78

TAX RECLAIMABLE
£

FORM REF