**Swansea Womens’ Aid Sponsorship and Gift Aid declaration form**

Please sponsor me (name of participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (name of event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In aid of Swansea Women’s Aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Swansea Women’s Aid, 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 Gift Aid claimed on all of 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. Remember: You must provide your full name, home address, postcode & tick Gift Aid for the charity or CASC to claim tax back on your donation.

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|  | **Sponsor’s Full Name** (First name & surname). | | | **Sponsor’s Home address**. Only needed if are Gift Aiding your donation. Don’t give your work address if you are Gift Aiding your donation. | | **Postcode** | **Donation Amount £** | **Date paid** | **Gift Aid?**  √ |
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| **45** |  | | |  | |  |  |  |  |
| **46** |  | | |  | |  |  |  |  |
| **Total donations received** | **£** | | | | |
| **Total Gift Aid donations** | **£** | | | | |
| **Date Donations Given to Swansea Women’s Aid** | |  | | | | | |
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