Sponsorship & Gift Aid Declaration Form

Please sponsor me: .....

For (name of event): .....

In aid of: **The Amber Trust**

The Amber Trust
Music for Blind Children

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid?' want the charity or CASC named above to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed by the charity or CASC on the donation.

Full Name (First name and surname)	**Home Address** (Not your work address – essential for Gift Aid)	**Postcode**	**Amount** £	**Date paid**	**Gift Aid?** (tick box)
				Total donations received	£
				Total Gift Aid donation	£

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www.ambertrust.org
Charity No. 1050503

theambertrust