

Your details:	Please use BLOCK CAPITALS for full name and address
Name:	
Team Name (if any):	
Address:	
Event Date and Time:	
Name	
Venue	

HOW TO SEND YOUR MONEY BACK:

Send a cheque payable to **Mouth Cancer Foundation**. Please include this form so we can claim Gift Aid.

The Mouth Cancer Foundation can reclaim money back on every sponsorship donation and get an extra 28% without it costing you, or your sponsors, any money. Please tick the box below if you would like them to Gift Aid your donation and make sure that we can read your full name, home address and postcode. This supports their tax claim and will not be used to contact you, and will not be passed on to any other agencies or companies. Please be aware that you must have paid an amount of income or capital gains tax at least equal to the tax that we claim from your donation in the tax year you make the donation.

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Please sponsor me

Full Name Pos	Postcode	Full H	ome Address (please use BLOCK CAPITALS)		Amount	Gift Aid (√)	Paid (√)
		Number	Street (in order for us to claim Gift Aid, this must be your home address)	Town/County			
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Remember you can create a free online sponsorship page to track your online and offline donations. See www.mouthcancerfoundation.org

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