Sponsorship form

Great Ormond Street Hospital Charity

Title ☐ First name ☐

Surname ☐

Supporter number **(if known)** ☐☐☐☐☐☐☐☐

Address ☐

☐ Postcode ☐

Tel ☐ Mobile ☐

Email ☐

We would love to keep in touch and let you know about news and appeals.
If you do not wish to receive this information please tick this box ☐
The most cost effective way for us to contact you is by email or SMS.
Contact by SMS opt in ☐ Contact by email opt in ☐

Name of event **(essential)** ☐

Date of event **(essential)** ☐

Amazing things happen at Great Ormond Street Hospital every day
Your fundraising will help us to rebuild and refurbish the hospital, buy vital equipment and fund pioneering research. With your help we can make a real difference for our sick children and their families.

Why not go online and set up a fundraising page?
It's really easy to do and a simple way for you to collect sponsorship. Create your page at **www.gosh.org/fundraiseonline**

Add 25 per cent to your fundraising without paying a penny more
Help us maximise your fundraising by asking your sponsors if they are eligible to Gift Aid their donations. All they need to do is tick the box to confirm that they wish to do so.

Full name	Home address Please fill in your full home address if you would like us to claim Gift Aid on your donation	Postcode	Amount	Date collected	Gift Aid Please read Gift Aid statement below	Further contact Please tick here if you **do not** want us to mail you in the future
Mr A. Example	1 Any Street, Anytown, Anywhere	AB1 2CD	£20.00	01.02.03	✓	

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Please tick the Gift Aid box to confirm that you are a UK tax payer and would like Great Ormond Street Hospital Children's Charity to reclaim tax on the donations you have made in the last four years and any future gifts you make. You must pay an amount of income tax and /or capital gains tax at least equal to the tax that all charities and Community Amateur Sports Clubs will reclaim on your donations in the tax year (6 April – 5 April). Please note that this does not include Council tax or VAT. If you pay less income tax and/or capital gains tax than the amount claimed on all your donations that tax year, it is your responsibility to pay any difference. If your circumstances change, such as your name, address or tax status then please notify us so that we can update our records.

Full name	Home address Please fill in your full home address if you would like us to claim Gift Aid on your donation	Postcode	Amount	Date collected	Gift Aid Please read Gift Aid statement overleaf	Further contact Please tick here if you **do not** want us to mail you in the future
Mr A. Example	**1 Any Street, Anytown, Anywhere**	**AB1 2CD**	**£20.00**	**01.02.03**	✓	