

Essex & Herts Air Ambulance

Fundraising Sponsorship and Gift Aid Declaration Form

T 0345 2417 690 Essex & Herts Air Ambulance
 E contactus@ehaat.org Flight House, The Business Centre,
 W www.ehaat.org Earls Colne Business Park,
 Earls Colne, Colchester, Essex CO6 2NS

Sponsored Event

Event Date

Your Details

Name: _____ **Email:** _____
Address: _____ **Tel No:** _____
 _____ **Post Code:** _____

I am raising money in aid of Essex & Herts Air Ambulance

Sponsor's Full Name (First name & surname)	Sponsors Home Address <i>Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation</i>	Postcode	Donation Amount £	Date Collected DD/MM/YY	Gift Aid ✓
Mr Andrew Sample	123 The Avenue, Earls Colne Essex	AN12 32XY	£10.00	DD/MM/YY	✓

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 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 & ✓ Gift Aid for the charity to claim tax back on your donation.



