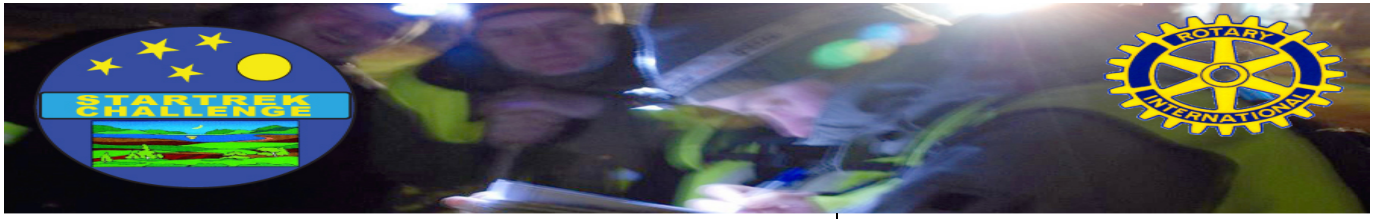
STARTREK - course of about 16 miles on the night of 5th/6th March 2011 – SPONSORSHIP FORM



Gift Aid it

W

Name of Team Sponsored:	**Team No:** **Team Member:**
Name of person sponsored:	**Address:**
Email/Contact No:	

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid? (√)' would like the Rotary Club of Ilfracombe to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the Rotary Club of Ilfracombe on the donation.

FULL NAME (FIRST NAME AND SURNAME)	HOME ADDRESS NOT WORK (THIS IS ESSENTIAL FOR GIFT AID)	POST CODE	AMOUNT £	DATE PAID	GIFT AID (√)
	SUB TOTAL C/FWD £				

FULL NAME (FIRST NAME AND SURNAME)	HOME ADDRESS NOT WORK (THIS IS ESSENTIAL FOR GIFT AID)	POST CODE	AMOUNT £	DATE PAID	GIFT AID (√)
	B/FWD £				
		TOTAL DONATION RECEIVED £		**TOTAL GIFT AID £**	

PLEASE REMEMBER THAT ALL MONEYS MUST BE COLLECTED AND SENT TO THE ROTARY CLUB OF ILFRACOMBE, TOGETHER WITH THIS FORM. PROCEEDS DONATED TO CHILDRENS HOSPICE SOUTH WEST, HOSPICE CARE TRUST (NORTH DEVON) AND OTHER ROTARY CHARITIES. **Remember Full Name + Home Address + √ = Gift Aid it**

CERTIFIED THAT ………………………………….. COMPLETED ………..MILES. **NOT VALID UNLESS SIGNED AND STAMPED**

SIGNATURE …………………………………………………………………

ALL SPONSORSHIP TO BE RECEIVED BY 24TH MAY 2011

The Rotary Club of Ilfracombe Trust fund is a Registered Charity – 1037348
C/o Thomas Westcott, Chartered Accountants 96 High Street, Ilfracombe.
EX34 9NH