SPONSORSHIP FORM

TEENAGE CANCER TRUST

Name ____

Your Supporter Reference (if known) __________________________

For (event) ____ **in aid of Teenage Cancer Trust**

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 Teenage Cancer Trust to reclaim tax on the donation detailed below, given on the date shown. I understand the rules for claiming Gift Aid and have had these explained. 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 Teenage Cancer Trust will reclaim 25p of tax on every £1 that I have given for this event.

Remember: You must provide your full name, house number or name, postcode and '✓' Gift Aid for Teenage Cancer Trust to claim tax back on your donation.

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Sponsor's Full Name (first name and surname)	**Sponsor's Home address** (Only needed if you are adding Gift Aid to your donation. Please don't use your work address).	**Postcode**	**£Amount**	**Date Money Collected**	**Gift Aid?** ✓
John Smith	Sample house name or number	EX4 MPL3	£20	10/10/23	✓
		Total donations recieved	£		
		Date donations given to Teenage Cancer Trust			

Teenage Cancer Trust, 93 Newman Street, London, W1T 3EZ
020 7612 0370 | hello@teenagecancertrust.org | www.teenagecancertrust.org

Teenage Cancer Trust, 93 Newman Street, London, W1T 3EZ. Registered charity: 1062559 (England & Wales); SC039757 (Scotland)