SPONSORSHIP FORM.

Event name*

Event date*

Name*

Address*

Postcode* Date of birth

Telephone* Email*

*Please ensure details marked with an * are completed in full.

Full Name of Sponsor	**House Number/Names** (Home address, not work)	**Postcode**	**Donation**	**Paid**	**Gift Aid?*** Please Tick
JOHN SMITH	6 STOCKTON ROAD, WILMSLOW	SK9 6EU	£ 10:00	√	√
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*By ticking the box headed 'Gift Aid', I confirm I am a UK taxpayer and I would like Mind to treat this donation (which is my own money, and doesn't include money from fundraising or collected from others) and any donations I make in the future or have made in the past four years as Gift Aid donations, until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I also understand that LooseHeadz will reclaim 25p of tax on every £1 that I give.

LooseHeadz will use your data to enable the administration of sponsorship and the claiming of Gift Aid (where applicable). We will keep your data secure, and never sell or share it with other organisations. For full details on how we manage your data please see our Privacy Policy at www.looseheadz.co.uk/privacy-policy/ or contact us at info@looseheadz.co.uk

LooseHeadz - Registered Charity No. 1193051

giftaid it

Registered with FUNDRAISING REGULATOR

LooseHeadz #TackleTheStigma

SPONSORSHIP FORM.

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