Sponsorship Form

NAME:

EVENT:

WellChild
16 Royal Crescent, Cheltenham, Gloucestershire GL50 3DA
tel: 01242 530 007 fax: 01242 530 008 email: challenge@wellchild.org.uk
Web: www.wellchild.org.uk Registered charity number: 289600

Our vision is for every child to have the best possible health but we need your help.

Gift Aid Declaration: Please tick the end box so that we can claim back 28p for every £1 you give. Thank you.
You must pay an amount of income tax or capital gains tax at least equal to the amount of tax that WellChild will reclaim on your donation.

Please print your details clearly on this form

(The information we hold about you will be stored on a database in accordance with the Data Protection Act 1998, and will not be shared with other organisations)

Sponsor's name	Please fill in your full home address and postcode - this is very important to enable us to claim gift aid on your donation. It would be helpful to include your email address too		Amount Pledged	Amount Collected	YES - I would like WellChild to claim back the tax on this and any donation(s) from 6th April 2000 (please tick)	We would like to keep you informed of the activities of the charity that we feel may be of interest to you. Please tick here if you do not wish to receive this
	Address	**Post Code**				
Sample: Mr Joe Bloggs	1 High Street, London	NW1 6PU	£50	£50	YES	

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Please send your completed sponsorship forms and cheques to Challenge Events Manager, WellChild, 16 Royal Crescent, Cheltenham, Gloucestershire, GL50 3DA