Cruse Bereavement Care
Sponsorship Form

PO BOX 800, Richmond, Surrey, TW9 1RG

Participant name: _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Email:** _____

Event: _____ **Event Date:** _____

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By encouraging your sponsors to tick the box headed 'Gift Aid?' you will enable Cruse to claim back 28p from the Inland Revenue for every £1 donated, at no extra cost to you or your donor.

We, who have given our names and addresses below, and who have ticked the box headed 'Gift Aid?', would like Cruse Bereavement Care to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax equal to the tax reclaimed by Cruse on the donation.

Name (Please print)	Address (Please print)	Postcode	Amounted Pledged	Date Paid	Gift Aid? ✓

Name (Please print)	Address (Please print)	Postcode	Amounted Pledged	Date Paid	Gift Aid? ✓

Name (Please print)	Address (Please print)	Postcode	Amounted Pledged	Date Paid	Gift Aid? ✓

Name (Please print)	Address (Please print)	Postcode	Amounted Pledged	Date Paid	Gift Aid? ✓

To request more sponsorship forms please email fundraising@cruse.org.uk, call 020 8939 9552 or photocopy this one (please include the gift aid statement on the front page).

THANK YOU FOR YOUR SUPPORT