Finance use only:
Financial code –
Donation Total =

Dorset County Hospital Charity
Sponsorship and Gift Aid Declaration Form

Please sponsor me: _____

To (event): _____

In aid of: _____

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid? (✓)', want the charity named above 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 at least equal to the tax reclaimed by the charity on the donation.

Full Name (First name and surname)	**Home Address** Not your work address (this is essential for Gift Aid)	**Post code**	**Donation**	**Total Amount**	**Date given**	**Gift Aid (✓)**

Full Name **(First name and surname)**	**Home Address** **Not your work address (this is essential for Gift Aid)**	**Post code**	**Donation**	**Total Amount**	**Date given**	**Gift Aid (✓)**

Remember: Full name + Home address + Postcode + ✓ = giftaid it