Sponsorship and Gift Aid declaration form

Please sponsor me _____

For the _____ In Aid of **Northumberland County Blind Association**

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 the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

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

Full name (First name and surname)	Home Address (Only needed if you are Gift Aiding your donation)	Postcode	Amount £	Date Paid	Gift Aid ✓

Full name (First name and surname)	Home Address (Only needed if you are Gift Aiding your donation)	Postcode	Amount £	Date Paid	Gift Aid ✓
Total Donations received			**£**		
Total Gift Aid donations			**£**		
Date donations given to NCBA					