SPONSORSHIP FORM
CARDIFF HALF MARATHON

Cardiff&Vale HealthCharity

Registered Charity No. 1056544

Please sponsor me (name) ______________________

To (event) ______________________________________

In aid of ______________________________________

Cardiff and Vale Health Charity
Fundraising Office
6th Brecknock House
University Hospital of Wales
Heath
Cardiff
CF14 4XW
Lucie.barrett@wales.nhs.uk

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.

Name	Home address including number (only needed if you are Gift Aiding your donation, Please do not put your work address here)	Postcode	Amount £	Gift Aid? √

Name	Home address including number (only needed if you are Gift Aiding your donation, Please do not put your work address here)	Postcode	Amount £	Gift Aid? √
		Totals		

All cheque sponsorship donations should be made payable to:
“Cardiff and Vale Health Charity”
IMPORTANT:
Please get as many people as possible to sign the Gift Aid column on this sponsor form.