

Event:  Date of Event:  /  /  Participant:

Please include your **FULL NAME, HOME** address (with **POSTCODE**) and **SIGNATURE** or we cannot claim Gift Aid on your donation.

- 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 if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.
- If you are related to the participant in any way please include the letter "R" in the gift aid Column
- If you want to be kept informed about the work of Dentaid The Dental Charity please tick the "Keep in touch" column – we will never share your information with a third party.

Print Full Name	Signature	Home Address <small>(Please <b>do not</b> provide a work place address)</small>	Postcode	Amount (£)	Date paid	Gift Aid	Keep in touch



*giftaid*

01794 324249 | fundraising@dentaid.org | [www.dentaid.org](http://www.dentaid.org)

Registered Charity 1075826

116 Commercial Road, Totton, Hampshire SO40 3AD

					<b>TOTAL DONATIONS RECEIVED: £</b>	
					<b>TOTAL GIFT AID DONATIONS: £</b>	



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## SPONSORSHIP FORM



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