

Sponsorship form

Patron: HRH The Duchess of Cornwall

Please sponsor me (to be completed by fundraiser	PLEASE COMPLETE IN BLOCK CAPITALS
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Title: Last Name: Last Name:

I am taking part in: 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 Medical Detection Dogs 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. 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. Gift Aid for the charity to claim tax back on your donation. Full Name (First name and surname) Home address (Only needed if you are Gift Aiding your donation), Please don't put your work address here) Home address (Only needed if you are Gift Aiding your donation), Please don't put your work address here) E.g. Joe Bloggs 1 My Street, My Town, My County, POSTCODE £10 dd/mm/yy ✓ ✓ I My Street, My Town, My County, POSTCODE £10 dd/mm/yy ✓ ✓			Postcode:					
I am taking part in:	Telephone/Mobile:		Date of birth (if under 18):					
I am taking part in: 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 Medical Detection Dogs 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. 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. Gift Aid for the charity to claim tax back on your donation. Full Name (First name and surname) Home address (Only needed if you are Gift Aiding your donation), Please don't put your work address here) Home address (Only needed if you are Gift Aiding your donation), Please don't put your work address here) E.g. Joe Bloggs 1 My Street, My Town, My County, POSTCODE £10 dd/mm/yy ✓ ✓ I My Street, My Town, My County, POSTCODE £10 dd/mm/yy ✓ ✓	Email:							
this statement and want Medical Detection Dogs 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. 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. Remember: You must provide your full name, home address, postcode & '/' Gift Aid for the charity to claim tax back on your donation. Full Name	C	anter for a Cure 2018						
Full Name (First name and surname) (First name and surname) (First name and surname) (Piesse don't put your work address here) Postcode Amount £ Date paid Aid? Image: melinformation about Medical Detection logs? E.g. Joe Bloggs 1 My Street, My Town, My County, POSTCODE £10 dd/mm/yy Image: melinformation about Medical Detection logs? Image: melinformation about Medical Detection	this statement and war shown. I understand th Gift Aid claimed on all reclaim 25p of tax on e	nt Medical Detection Dogs to reclaim tax or nat if I pay less Income Tax / or Capital Gains of my donations it is my responsibility to pa every £1 that I have given.	n the donati s tax in the o y any differo	on detailed current tax ence. I unde	below, giv year than t erstand the	en on he am charit	the date ount of ry will	
Full Name (First name and surname) (First name and surname) (Conly needed if you are Gift Aiding your donation), Please don't put your work address here) E.g. Joe Bloggs 1 My Street, My Town, My County, POSTCODE £10 dd/mm/yy	giftaid it	Remember: You must provide your & '\sepsilon' Gift Aid for the charity to claim	full name m tax bac	, home ack k on your	ddress, po donation	ostco n.	de	
		(Only needed if you are Gift Aiding your donation),	Postcode	Amount £	Date paid	Aid?	me information about Medical Detection	
	E.g. Joe Bloggs	1 My Street, My Town, My County,	POSTCODE	£10	dd/mm/yy	1	1	
Total of this page								

Sponsorship form

Full Name (First name and surname)	Home address (Only needed if you are Gift Aiding your dor Please don't put your work address here)	nation),	Postcode	Amount £	Date paid	Gift Aid? ✓	Please send me information about Medical Detection Dogs*	
E.g. Joe Bloggs	1 My Street, My Town, My County,		POSTCODE	£10	dd/mm/yy	1	1	
Thank you for your support.		Total of	f this page		Download further sponsor forms online.			
Cheques should be made payable to Medical Detection Dogs and sent to: Medical Detection Dogs, 3 Millfield, Greenway Business Park, Winslow Road, Great Horwood MK17 ONP		Total of page one GRAND TOTAL			Date donations given			
					to Charity: DDMMYY			
	touch with you to share Medical Detection because below to tell us how you would				tunities, fund	draising	activities	
Post 🗆 Email 🗅	Telephone ☐ Text Mess	sage 🗖						
it. You can see our fundra	edical Detection Dogs will look after and aising promise and privacy statements, w it you on, medicaldetectiondogs.org.uk/p	hich expla						

You can change the way we communicate with you at any time by contacting operations@medicaldetectiondogs.org.uk or by calling 01296 655888.



