

our patients and staff within Swansea Bay University Health Board.

## Sponsorship Form

Use this sponsorship form to collect donations and raise as much money as possible. Don't forget about gift aid, it's an effortless way for your donations to raise even more money and help change lives.

Name		I'm raising money for: Please specify ward/department		
Activity				
· ·	worth 25p more at no extra cost to you. It's just a little be			

Your Gift Aid declaration. If I ticked the box headed "Gift Aid", I can confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Swansea Bay Health Charity to reclaim tax on the donations detailed on this form, 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.

Title	Full Name	First line of address (Please don't give your work address as it'll stop Swansea Bay Health Charity claiming Gift Aid)	Postcode	Date of donation	Your donation	<b>Gift Aid</b> (Please tick)		
Mrs	Ann Example	1 High Street	SA1 2BC	01/01/24	£10			
Good news! If you pay tax in the UK, you can Gift Aid your donation. Just make sure you ask each sponsor to fill in their name, address and donation amount in their own writing – otherwise, we can't claim Gift Aid. *All fields are mandatory.								



Your Gift Aid declaration. If I ticked the box headed "Gift Aid", I can confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Swansea Bay Health Charity to reclaim tax on the donations detailed on this form, 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.

Title	Full Name	First line of address (Please don't give your work address as it'll stop Swansea Bay Health Charity claiming Gift Aid)	Postcode	Date of donation	Your donation	<b>Gift Aid</b> (Please tick)
Total						
Elusen lechyd Bae Abertawe  Date paid to charity						