

# Sponsorship Form



Arthritis  
ACTION

## Target:

## My Event:

Full name:

Home address:

Postcode:

Phone &amp; Email:

You can boost your donation by 25p  
of Gift Aid for every £1 you donate. *giftaid it*

If I have ticked the Gift Aid box, I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Arthritis Action. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Tip:** Please write your details in your own writing and avoid ditto marks (“) to ensure we can claim Gift Aid.

[illegible]

# Sponsorship Form

Please fill in your details



Name	Home address	Postcode	Date paid	Gift Aid	Donation amount
Ms A. Example	20 Sample Lane	NO2 0CC	1/1/20	✓	£20

Date paid to charity:

Total (from both sides):

## We would like your permission to stay in touch

If you are an existing supporter or member, we will continue to communicate with you according to the preferences you've provided. If you'd like to change your preferences, or are new to the charity, please complete the form below.

To hear about our latest news, campaigns, fundraising appeals and events, and about how your support is making a difference, tick here: Post ☐ Email ☐

Your data is safe with us. We will never sell or swap your details with other organisations and you can change your mind at any time. To see a full copy of Privacy Policy, visit our website [www.arthritisaction.org.uk](http://www.arthritisaction.org.uk) or call 020 3781 7120 to request a copy.

Total: