

Sponsor me



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Name _____ Email _____

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Total number of sponsorship forms _____ Total donations £ _____ Total Gift Aid £ _____

Method of payment (please tick) Debit/credit card (online or phone) Cheque BACS

Date paid to CLAPA ____/____/____



Sponsor's Name First name and surname	Home Address We need your home address for Gift Aid, we will not use this to contact you.	Postcode	Email Please note that by supplying this, you are consenting to receiving CLAPA e-news	Donation Amount	Date Paid	Gift Aid? Please read statement below.



Yes, I would like CLAPA to claim Gift Aid on my donation.

I confirm I am a UK Income or Capital Gains taxpayer. I have read this statement and want Cleft Lip and Palate Association (Registered Charity England & Wales (1108160) Scotland (SC041034) to reclaim tax on my donation 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 my donations, then it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax of every £1 I have given.