Name of Participant:	Sponsorship Form and Gift Aid Declaration	My aim is to raise:	In aid of:	
Participant's Address:		Telephone:		HAMPSHIRE AND ISLE OF WIGHT
Event I am participating in:		Date of event:		AIR AMBULANCE

Title	Sponsor's First Name	Sponsor's Surname	Sponsor's Home Address Only needed if you are Gift Aiding your donation. We can not claim from work addresses.	Postcode	Donation Amount	Date Paid	Gift Aid ☑
MR	JOE	BLOGGS	1 MIDDLE STREET, HAMPSHIRE	S016 0YU	£10	01.01.18	~
		Remember to giftaid it if yo	ou pay tax! By marking the 'Gift Aid' box, we can claim 25p tax back for e	very £1 you dor	nate!		

If I have marked the box headed 'Gift Aid? v', I confirm that I would like all my donations, past, present and future to Hampshire and Isle of Wight Air Ambulance (Charity No. 1106234) to be treated as Gift Aid donations. I also confirm that I am a UK taxpayer and understand that if I pay less Income Tax /or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year, it is my responsibility to pay any difference.

Remember: You must hand write your full name, home address, postcode & mark the 'Gift Aid' box for the Charity to claim tax back on your donation.

How to send your sponsorship to us:

Please make all cheques payable to **Hampshire and Isle of Wight Air Ambulance** and send all monies along with all sponsorship forms to:

Hampshire and Isle of Wight Air Ambulance, 22 Oriana Way, Nursling, Southampton, Hampshire, SO16 0YU.

Tel: 02380 743510 Thank you for supporting us! www.hiowaa.org

In aid of:



Surname	Sponsor's Home Address Only needed if you are Gift Aiding your donation. We can not claim from work addresses.	Postcode	Donation Amount	Date Paid	Gift Aid

Total donations received: £	

Date donations	given to	Charity:
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