



Sponsorship Form

giftaid it

Name of Fundraiser: _____

Event Name & Location: _____

Fundraisers Address & Postcode: _____

Date: _____

We, who have given our names and addresses below and have ticked the box headed "Gift Aid?", want Young Carers to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax equal to the tax reclaimed by Young Carers on the donation.

Full Name (First & Surname)	Home Address (Not Work Address, This is Essential for Gift Aid)	Postcode	Amount £	Date Paid DD/MM/YYYY	Gift Aid? (✓)

BPRCVS Registered Office:

Rachel Kay-Shuttleworth Building

62-64 Yorkshire Street

BURNLEY BB11 3BT

Company Limited by Guarantee: 3328219

Registered Charity: 1062446

Members of:



Lancashire Association of
Councils for Voluntary Service

