## Sponsorship form

Event name	O	verand	above	
Event date			Regisgered Charity No. 10613	84
Your name				
Address:				
Postcode:	Telephine No.			
Fmail				

## Help your gift go further

giftaid it

If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Over and above to reclaim tax on the donation detailed below, 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 Over and above will reclaim 25p of tax on every £1 that I have given.

Title	Forename	Surname	Home address	Postcode	Donation amount	Date received	Gift Aid (please tick)
	Ple	ease ensure you	complete all section in order for us to a	claim gift aid (	on your done	ation	
Mr	Joe	Example	1 Example Street, Example Town	AB1 2CD	£20	1/2/2022	✓

Please return your completed sponsorship form to:

Fundraising Office North Devon District Hospital Raleigh Park Barnstaple Devon EX31 4JB ndht.charity@nhs.net



## How we process the information you provide

We take your privacy seriously and will use your data to process your donation, claim Gift Aid (if you want us to) and contact you on any administrative matters that may come up. We promise never to sell your data.

If you would like further information please give us a call on 01271 311 772, email us at ndht.charity@nhs.net or visit us at www.overandabove.org.uk Over and Above. Registered charity no. 1061384

Title	Forename	Surname	Home address	Postcode	Donation amount	Date received	Gift Aid (please tick)
	Ple		complete all section in order for us to a				
Mr	Joe	Example	1 Example Street, Example Town	AB1 2CD	£20	1/2/2022	✓
				Total			
				received			