Official Sponsorship & Gift Aid Form

YORKSHIRE AIR AMBULANCE
Registered Charity No. 1084305

If I have ticked the box 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Yorkshire Air Ambulance 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 the Charity will reclaim 25p of tax on every £1 that I have given.

You must provide your full name, home address, postcode and tick the Gift Aid box for the Yorkshire Air Ambulance to be able to claim tax back on your donation.

Participants Name:

Participants Address:

Event Details:

SPONSOR'S FULL NAME (First name & surname)	**SPONSOR'S HOME ADDRESS** (Required if you are Gift Aiding your donation. Please do not include work addresses)	**POSTCODE**	**DONATION AMOUNT (£)**	**DATE DONATION RECEIVED**	**GIFT AID** ✔
	Total Donations Received	**£**			
	Date monies raised donated/ passed to Yorkshire Air Ambulance				

Thank you for your generous donation

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