

# Sponsorship Form

Full Name : .....

Address : .....


Postcode : .....

Event Name : .....

Event Date : .....

Total Amount Raised : .....



Full name + home address + postcode +  = Gift Aid

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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 the Williams Syndrome Foundation to reclaim tax on the donations 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 that the charity will reclaim 25p of tax on every £1 that I have given.

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Bank Transfers can be made to Williams Syndrome Foundation CAF BANK40-52-40—00023062. Please do not send cash in the post. Please make

Send Completed Forms to : **Williams Syndrome Foundation Box 103, 5 Charter House, Lord Montgomery Way, Portsmouth, PO1 2SN**

**Thankyou for supporting the Williams Syndrome Foundation!**

By providing us with your personal data, you consent to the terms and conditions of our privacy notice available at [www.williams-syndrome.org.uk](http://www.williams-syndrome.org.uk)

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[illegible]

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