



COMMUNITY  
SPORTS  
FOUNDATION

# SPONSOR FORM

**Name of fundraiser:**.....

**Address:**.....

..... **Postcode**.....

**Event:**.....

**Date:**.....

**GIFT AID**  
If I have ticked the below Gift Aid box, I confirm that I am a UK income or Capital Gains taxpayer, I have read this statement and want Norwich City Community Sports Foundation to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities that I donate to, will reclaim on my gifts for that tax year. I understand Norwich City Community Sports Foundation will reclaim 25p on every £1 that I have given.

FULL NAME	HOME ADDRESS	POSTCODE	DONATION AMOUNT	PAID?
PETER BLOCK	26 KIRKLEY AVE	OL5 0NX	£ 15.00	YES
			£	
			£	
			£	
			£	
			£	
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			£	
			£	
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			£	
			£	
			£	
			£	
			£	
		TOTAL:	£	





GIFT AID

If I have ticked the below Gift Aid box, I confirm that I am a UK income or Capital Gains taxpayer, I have read this statement and want Norwich City Community Sports Foundation to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities that I donate to, will reclaim on my gifts for that tax year. I understand Norwich City Community Sports Foundation will reclaim 25p on every £1 that I have given.

FULL NAME	HOME ADDRESS	POSTCODE	DONATION AMOUNT	PAID?
<i>PETER BLOCK</i>	<i>26 KIRKLEY AVE</i>	<i>OL5 0NX</i>	<i>£15.00</i>	<i>YES</i>
			£	
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			£	
			£	
			£	
TOTAL:			£	

Vertical bar with 14 circles, the top one containing a checkmark.

OFFICE USE ONLY

Amount Raised:  Money Received:  Format Received:  Gift Aid collected: