Cornwall Sponsor me to Air Ambulance H Your charity, saving lives help save lives			HELP ME REACH MY TARGET		
Title:	Forename:		PLEASE		
Surname:			SPONSOR (NAME):		
Home address:					
			TO TAKE PART IN:		
Postcode:		Tel. no:			
Email:			DATE:		
Team name (if applicable):					
We take your privacy seriou	usly. Your details will be stored on	our database and we will only be used to provide the services you have	requested from us. We will never share your details with third parties.		



It's just a little box to tick, but Gift Aid makes a huge difference when it comes to how much money we can raise to help save more time and more lives. 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 charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/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 cannot Gift Aid your donation if you are connected to the individual fundraising. A connected person is the participant's husband, wife, civil partner or linear relative (e.g. sibling, son, daughter, parent, grandparent or grandchild).

Full Name (Title, first name and surname)	Home Address (Home address is essential for Gift Aid)	Postcode	Amount of Donation	Donation Received	Date Paid	Gift Aid
Mrs Anne Sample	7 Sample Street, Sample Town, Cornwall	TR1 1AA	£25	<b>√</b>	01/02/23	/





Home Address (Home address is essential for Gift Aid)	Postcode	Amount of Donation	Donation Received	Date Paid	Gift Aid	
7 Sample Street, Sample Town, Cornwall	TR1 1AA	£25	1	01/02/23	1	
Total Donations Received						
Total Gift Aid Donations					£	
Date Donations Given to Charity						
	(Home address is essential for Gift Aid)	(Home address is essential for Gift Aid)  7 Sample Street, Sample Town, Cornwall  TR1 1AA  TR1 1AA	(Home address is essential for Gift Aid)  7 Sample Street, Sample Town, Cornwall  TR1 1AA  £25  TR1 1AA  £25  Tr1 1AA  £25  Tr1 1AA  £25  Tr1 1AA  £25	(Home address is essential for Gift Aid)  7 Sample Street, Sample Town, Cornwall  TR1 1AA  E25  F1  Total Donations Received	(Home address is essential for Gift Aid)  7 Sample Street, Sample Town, Cornwall  7 Sa	

Please note, donations are given under the condition that the participant completes their sponsored challenge. If the event is cancelled or the participant doesn't take part, all sponsorship money will be treated as a donation unless the donor requests a refund, in which case individual donors must be contacted by the participant, who must then ask them to contact the charity directly.

After your event please send your form, along with a cheque, to: Cornwall Air Ambulance, Trevithick Downs, Newquay, Cornwall, TR8 4DY. Please do not send cash in the post. If you wish to give cash or donate via BACS, please contact us on the details below.

Cornwall 4

Air Ambulance
Your charity, saving lives

