



SPONSORSHIP FORM

Event Name _____ Event Date _____ Your Name _____
Your Email _____ Your Address _____
Post Code _____ Telephone _____

Sponsor Name	Home address	Post code	Donation amount	Date paid	Gift aid?*	Newsletter Sign up?*



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*By ticking the box headed "Gift Aid?" I confirm that I am a UK income or Capital Gains Taxpayer. I have read this statement and want Limbless Association to reclaim tax on the donation details above, 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 that Limbless Association will claim 25p of tax in every £1 that I have given.

**By ticking the box headed 'Newsletter sign-up?' I agree to be added to the Limbless Associations e-newsletter, where I will receive emails about the Limbless Association.

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. Please use the link to our policy to see your rights and how we keep your details safe.

<https://limbless-association.org/privacy-policy/>

For more information contact our office on 01245 216671 <https://limbless-association.org/>