Sponsorship Form



Name:



Please sponsor me in aid of Tiggywinkles Wildlife Hospital.

All money raised will go towards the lifesaving work of the Hospital and help save the lives of thousands of sick, injured and orphaned British wild animals.

Address:								
Postcode:		Tel:						
Email Address:								
Nature of Event:								
Date and Time of Ever	nt:							
We, who have given our names a detailed below, given on the date donation.	and addresses below and h e shown. We understand t	have ticked the box headed 'Gift Aid (\sqrt) ' hat each of us must pay an amount of ir	, want the charity named ncome tax at least equal t	above to reclaim o the tax reclaim	n tax on the do ed by the cha	onation rity on the		
Full Name	Home Address		Postcode	Amount	Date	Gift		
(first name and surname)	Not your work a	ddress (this is essential for Gift Aid)		£	Paid	Aid? (√)		
Total donations received					£			
Total Gift Aid donation				£				
				L				

Please make cheques payable to Tiggywinkles, Send to: Aston Road, Haddenham, Bucks HP17 8AF Tel: 01844 292292, Fax: 01844 292640, Email: mail@tiggywinkles.org, www.tiggywinkles.com

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We, who have given our names and addresses below and have ticked the box headed 'Gift Aid ($\sqrt{}$)', want the charity named above to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax at least equal to the tax reclaimed by the charity on the donation.

Full Name (first name and surname)	Home Address Not your work address (this is essential for Gift Aid)	Postcode	Amount £	Date Paid	Gift Aid? (√)	
Total donations received			£			
Total Gift Aid donation		£				