

Title	First name	Surname	First line of address	Postcode	Date paid	Donation	Gift aid (please tick)
Miss	Sarah	Smith	28 XX Road	NB1 XXX	10.04.24	£40	✓
Please ask each sponsor to complete the form in their own handwriting and Gift Aid their own amount							

Please ensure all cheques are made payable to The Sick Children's Trust.

Please post this form, alongside any cheques for donations, to The Sick Children's Trust, 4th Floor, 28-30 Worship Street, London, EC2A 2AH. Please do not send cash through the post as we'd hate for your donation to go missing.

If you have any questions, please e-mail fundraising@sickchildrenstrust.org or call 020 7638 4066

***Your Gift Aid Declaration**

By ticking this Gift Aid box, I confirm that I am a UK taxpayer and I would like The Sick Children's Trust to treat this donation and any donation I make in the future and have made in the past 4 years as Gift Aid donations, until I notify you otherwise.



I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand that The Sick Children's Trust will reclaim 25p of tax on every £1 that I give. Gift Aid is reclaimed by The Sick Children's Trust from the tax I pay for the current tax year.

Please let us know if your tax circumstance or name and address details change, so we can amend our records.