

Registered with FUNDRAISING **REGULATOR** 

Name \_\_

Phone \_\_

Address \_\_

## SPONSORSHIP FORM

(located on your profile page under the 'Spread the Word' section)

Email \_\_\_\_\_

Profile Link gosober.org.uk/users/\_

To donate any offline funds you have raised during your challenge please complete this form and return to:  Go Sober c/o Macmillan Cancer Support, PO Box 791, York House, YORK, YO1 0NJ										
Make every £1 worth 25p more at no extra cost to you.  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 support people affected by cancer.										
statement ar I understand	nd want Macmillan Can I that if I pay less Incom	cked the box headed "G cer Support to reclaim t ne Tax/or Capital Gains t nce. I understand the ch	ax on the donation ax in the current ta	s detailed on this f x year than the am	orm, given on the conount of Gift Aid cla	date shown. nimed on all of my				
TITLE	FIRST NAME	SURNAME	HOUSE NAME OR NUMBER	POSTCODE	DATE OF DONATION	YOUR DONATION	GIFT AID (please tick)			
Mr	John	Doe	321A	CR1 3FG	1/10/21	£ 10.00	~			
Miss	Jane	Smith	65	GU3 2SQ	5/10/21	£ 20.00	~			
	(Please fill in	your name and home a	address in your ov	vn writing - other	wise we can't clai	m Gift Aid.)				
					Total					
				Da	te paid to charity					



TITLE	FIRST NAME	SURNAME	HOUSE NAME OR NUMBER	POSTCODE	DATE OF DONATION	YOUR DONATION	GIFT AID (please tick)



