SPONSORSHIP FORM

I'm fundraising in aid of Action on Postpartum Psychosis (APP)!
Please be as generous as you can – Thank you very much for your support.

PO Box 137, Swansea, SA3 9BT
Charity Registered in England and Wales number: 1139925.
Company Limited by Guarantee number: 7466643.
www.app-network.org

YOUR DETAILS & EVENT INFORMATION:

Your Name:	
Your Address:	
Fundraising Event:	
Where:	
When:	

The person named above has agreed to take part in the above event in aid of Action on Postpartum Psychosis (APP), (Charity Registered in England and Wales No.1139925). The aim is to raise as much money as possible through sponsorship and I would value your support. Any amount raised would be gratefully received and all money raised goes directly to APP.

Full Name	Home address (essential for Gift Aid) & Tel No	Postcode	Amount	Date paid	Gift Aid? ✓or X

If you pay tax in the UK, you can Gift Aid your donation. 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 above, given on the date shown. I understand that if I pay less Income Tax / or 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 .Remember: You must provide your full name, home address, postcode & tick Gift Aid for the charity to claim tax back on your donation

Please note: your personal data will only be used for the purposes of processing your donation and claiming gift aid if appropriate - visit https://www.app-network.org/privacy-policy/ for more info.