

# SPONSORSHIP FORM

In aid of the Ray of Sunshine Campaign to help enhance the experience and care of babies, children and young people at CHFT.

My event:

Event date:

Name:

Address:

Email / Phone:



**Calderdale and Huddersfield NHS Charity**

proud to make amazing things happen in our community hospitals

Title	Forename	Surname	Home address	Postcode	Email address	Donation amount	Date received	GiftAid	I would like to opt in to receive charity updates
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Please ensure you complete all sections in order for us to claim gift aid on your donation

Mr	Joe	Example	1 Example Street, Example Town	AB1 2CD	joe@example.co.uk	£20	28/07/2024	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
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**Gift Aid**

**Make your donation go further!**

If you are a UK tax payer, we could claim Gift Aid on your donation and receive an extra 25p for every £1 you give! Just tick the box\* next to your donation amount.

*giftaid it*

By ticking the 'Gift Aid' box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Calderdale and Huddersfield NHS Charity to reclaim tax on my donation. you must provide your full name, address and tick the 'Gift Aid' box.

[www.chftcharity.co.uk](http://www.chftcharity.co.uk)

Registered Charity Number: 1103694

