SPONSORSHIP FORM

SUPPORTING RJAH HOSPITAL

Registered Charity Number: 1058878

Please sponsor me (name)		
To (event)		
In aid of RJAH Charity		Appeal/Ward

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 RJAH Charity to reclaim tax on the donation detailed below, 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 & '√' Gift Aid for the charity to claim tax back on your donation..

Full name (first name & surname)	Home address and postcode (needed if you are Gift Aiding your donation). Please, not your work address	Amount £	Date paid	Gift Aid? (tick the box √)

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Office Oswestry, Shropshire SY10 7AG
01691 404588 | rjah.fundraising@nhs.net | www.rjah.nhs.uk/Fundraising/charity.aspx

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