



SPONSORSHIP & GIFTAID DECLARATION FORM

Sheet No:

Swimmer's Full Name:

Team Name:
.....

Swimmer's Full address:

Post Code:

SPONSORS -You may sponsor the team or the Swimmer.

* 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 The Rotary Club of South Woodham Ferrers Charity Fund (1048974) 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.

SPONSORS - Please PRINT your details clearly and complete your address with either house number or name to enable us to claim GiftAid.
Swimmers may claim 25% of sponsorship money the team earns by indicating here & naming their Charity_____

| Title | SPONSOR'S NAME | | Address House Number or Name | Post Code | GiftAid? (✓) * | Amount Pledged | Amount Given | Date Given dd/mm/yyyy |
|-------|----------------|---------|------------------------------------|--------------|-------------------|-------------------|-----------------|--------------------------|
| | First | Surname | | | | | | |
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Please bring this form with you to the pool.

Please total the sponsored Amount £ : £ :



SPONSORSHIP & GIFTAID DECLARATION - CONTINUATION FORM

Sheet No:

SPONSORS -You may sponsor the team or the swimmer

Team Name:

Swimmer's Name:

Swimmer's Full Name:

SPONSORS - Please PRINT your details clearly and complete your address either house number or name to enable us to claim GiftAid.
Swimmers may claim 25% of sponsorship money the team earns by indicating here & naming their Charity_____

| Title | SPONSOR'S NAME | | Address House Number or Name | Post Code | GiftAid? (✓) * | Amount Pledged | Amount Given | Date Given dd/mm/yyyy | | | |
|--|----------------|---------|------------------------------------|--------------|-------------------|------------------------------------|-----------------|--------------------------|---|---|---|
| | First | Surname | | | | | | | | | |
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| Please bring this form with you to the pool. | | | | | | Please total the sponsored Amount. | | £ | : | £ | : |

If you need another form, please download extra sheets from www.swfswimarathon.co.uk or contact us by phone or email.

