SPONSORSHIP FORM

Please sponsor me (name of pupil)
to take part in Choctober 2019

In aid of National Kidney Federation, The Point, Coach Road, Shireoaks, Worksop, S81 8BW

Please help NKF to continue supporting kidney patients.

october 20,
nkt
NATIONAL KIDNEY FEDERATION
FUND RAISING

Sponsor's Full Name (First name & surname)	Sponsor's Home address Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation	Postcode	Donation Amount £	Date	Gift Aid? ′v'
Mrs A Sample	The Point, Coach Road, Worksop	S81 8BW	£10	01.10.17	V
	Total Donations Received	£			
	Total Gift Aid Donations	£			

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If I have ticked the box headed 'Gift Aid?'V', I confirm that I am a UK Income or Capital Gains Taxpayer. I have read this statement and want the National Kidney Federation to reclaim tax on the donation details 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 on 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 & ' $\sqrt{}$ ' Gift Aid for the charity to claim tax back on your donation.

NATIONAL KIDNEY FEDERATION, THE POINT, COACH ROAD, SHIREOAKS, WORKSOP, NOTTINGHAMSHIRE, S81 8BW

TELEPHONE: 01909 544999 EMAIL: NKF@KIDNEY.ORG.UK WEB: WWW.KIDNEY.ORG.UK HELPLINE: 0800 169 0936



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