



WALK & TALK SPONSORSHIP FORM

NAME & SCHOOL:

MILES PLEDGED:

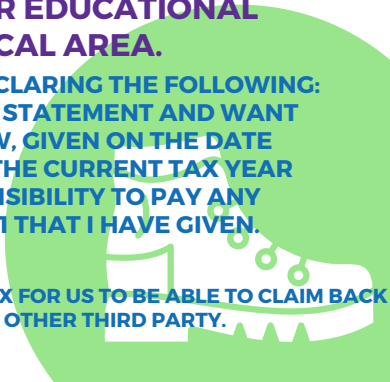
FULL NAME	HOME ADDRESS AND POSTCODE	DONATION AMOUNT £	PAID: ✓	GIFT AID: ✓

MILES COMPLETE:

ALL DONATIONS WILL GO TO EWEN'S ROOM WHO PROVIDE VITAL SUPPORT TO THOSE MOST AFFECTED BY MENTAL HEALTH CHALLENGES IN THE LOCHABER AREA. ANY MONEY RAISED WILL GO TOWARDS PROVIDING COUNSELLING SERVICES, OPEN DOOR COMMUNITY DROP-IN SESSIONS AS WELL AS DEVELOPING OUR EDUCATIONAL PROGRAMME TO NURSERIES AND SCHOOLS IN YOUR LOCAL AREA.

GIFT AID DECLARATION: IF YOU HAVE TICKED THE BOX HEADED 'GIFT AID', YOU ARE DECLARING THE FOLLOWING: 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 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 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 AND TICK THE 'GIFT AID' BOX FOR US TO BE ABLE TO CLAIM BACK TAX ON YOUR DONATION. ALL PERSONAL DATA PROVIDED WILL NOT BE SHARED WITH ANY OTHER THIRD PARTY.





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