



Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Total number of sponsorship forms \_\_\_\_\_ Total donations £ \_\_\_\_\_ Total Gift Aid £ \_\_\_\_\_

Method of payment (please tick) Debit/credit card (online or phone) ☐ Cheque ☐ BACS ☐

Date paid to CLAPA \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sponsor's Name (First name and surname)	Home Address (We need your home address for Gift Aid, we will not use this to contact you)	Postcode	Email (Please note that by supplying this you are consenting to receiving CLAPA e-news)	Donation Amount	Date Paid	Gift Aid? (please read statement below)

*giftaid it* ✓ Yes, I would like CLAPA to claim Gift Aid on my donation.

I confirm I am a UK Income or Capital Gains taxpayer. I have read this statement and want Cleft Lip and Palate Association (Registered Charity England & Wales (1108160) Scotland (SC041034) to reclaim tax on my donation 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, then it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax of every £1 I have given.