

A M M F

THE CHOLANGIOCARCINOMA CHARITY

AMMF SPONSOR AND GIFT AID DECLARATION FORM

Event

Event date

giftaid it

Name: _____

We, who have given our names and addresses below, and who have ticked the box '(✓)', want the above charity to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay Income Tax or Capital Gains Tax equal to the tax reclaimed by the charity donation.

Full Name	Home Address and Postcode (Please include house number and postcode) <small>This information will not be used for marketing purposes</small>	Amount sponsored	Gift Aid* (✓)	Amount collected	Date collected	Paid** (✓)
(Sub) Total						

* By providing your home address and postcode and ticking the gift aid box, AMMF will be able to raise an extra 28p for every £1 you sponsor.
 ** Please do not cross through names when paid.

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