

Sponsorship Form

YOUR NAME:		NAME OF EVENT:				
						YOUR ADDRESS:
YOUR EMAIL:				the page. Rem	nation at the bot laration at the bot jember: You must f home address, po ift Aid box to enab back on your dona	
FULL NAME HOME ADD INCLUDING PO			DONATION AMOUNT	DATE PAID	GIFT AID?	
			*By ticking the box headed Gift Aid, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and would like Autism Plus to reclaim tax on the donation detailed above. 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 i is my responsibility to pay any difference. I understand that Autism Plus will reclaim 25p of tax on every £1 that I have given.			



How to send your donation

Sending your fundraised monies is easy!

Visit our website

www.autismplus.co.uk/donate

Send by bank transfer

Account Name: Autism Plus

Bank: Barclays

Sort Code: 20-77-18

Account Number: 83884597

Please use your name as reference

Contact Us

Autism Plus info@autismplus.co.uk 01405 812128 Fieldside Court, 3 Field Road, Thorne, Doncaster DN8 4AG

