

Please Sponsor Me



*Name:

*I'm going to:
.....

*On (date): / /

**please fill in these details before asking for any sponsorship*

Every £20 funds one hour of essential support to help someone live their life to the full.

*If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer and that I have agreed to the Gift Aid statement below***

Make your gift go further with Gift Aid**

If you tick the box below Chest Heart & Stroke Scotland will receive a further 25p for every pound you give. We need your name, home address AND postcode to claim Gift Aid.

First Name	Surname	Home address	Post code	Amount sponsored	Date	Received	Opt in	Gift Aid
e.g. Ann	Example	1 St, Anytown	AB1 2CD	£20.00	dd/mm/yy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUB TOTAL:



If you would like hear about Chest Heart & Stroke Scotland and how your donations make a difference, tick the box above.

First Name	Surname	Home address	Post code	Amount sponsored	Date	Received	Opt in	Gift Aid
e.g. Ann	Example	1 St, Anytown	AB1 2CD	£20.00	dd/mm/yy	✓	✗	✓

GRAND TOTAL:



Please return to:
Chest Heart & Stroke Scotland
2nd Floor, Hobart House
80 Hanover Street
Edinburgh EH2 1EL

****If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer and that I have agreed to the Gift Aid statement below.**
Gift Aid: I have read this statement and want Chest Heart & Stroke Scotland (CHSS) to reclaim tax on the donation detailed above, 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 of 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.

scan the QR code, or visit
chss.org.uk/donate
and make your cuppa count.



Date donation given to Charity / /

*Home Address:

..... *Postcode:

*please fill in these details before sending in your form

For CHSS use ID: Sig: Name: