

EAST

CHESHIRE

NHS Charity

Together, we can make a difference	Email
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Sponsor form

My details

Name

Full name	Home address	Postcode	Donation amount (£)	Date paid	Gift Aid* (please tick)

*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 want East Cheshire NHS Trust Charitable Fund 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 that ECHO will reclaim 25p of tax onevery £1 that I have given.

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