



Transplant Sport Northern Ireland

Sponsor Form

Participant's Name: _____ Event: _____

Address _____ Postcode: _____

We, who have given our names and addresses below, and who have ticked the box headed 'Gift Aid', want the charity named above to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax equal to the tax reclaimed by the charity on the donation.

Sponsors full name	Full address	Post code	Amount £	Date paid	Gift Aid