

ORCHID SPONSORSHIP FORM

Title _____ First name _____
 Surname _____
 Home address _____

 Postcode _____
 Contact number _____
 Contact email _____
 Event Name _____
 Event Date _____

Gift Aid



Make your donation go further and help more men and their families affected by male specific cancer.

Yes, I would like Orchid to claim Gift Aid on my donation and any donations I have made in the past four years and make in the future unless I notify you otherwise.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Orchid will reclaim 25p of tax on every £1 that you give.

Remember: Full name + Home address + Postcode + tick in Gift Aid box = 

Full name	Home Address <small>Please insert your full home address (your work address is not valid for Gift Aid)</small>	Postcode	Amount	Date received	Gift Aid	Tick here if you want to hear more about our work*
Caroline Sample	4 Sample Terrace, Essex	ABI 20D	£ 50	14.03.17	✓	✓
			£			
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			£			
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			£			
			£			
			Sub total	£		

*Your support makes our vital work possible and we'd love to keep in touch with you to tell you more about the latest cancer news, our work, events, fundraising and ways you can get involved with Orchid. If you're interested please tick 'I want to hear more about your work' in the last column. If you change your mind you can unsubscribe any time by getting in contact with us with the details below.

-  www.orchid-cancer.org.uk
-  events@orchid-cancer.org.uk
-  020 3745 7317

THANKS FOR YOUR SUPPORT!



