BSSA
British Sjögren's Syndrome Association

Sponsorship Form

Thank you for your support

Name of fundraiser ..... Event ..... Location ..... Date .....

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

Full name	Home address	Postcode	Amount pledged	Amount given	Date given (dd/mm/yy)	Gift Aid? (✓)