



(Please complete in block capitals)

Name of participant : Organisation :

Address :

Postcode : Tel No : e-mail address :

***Sponsorship & Gift Aid Declaration Form:** 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 on 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 <i>Please complete in block capitals</i>	Home Address in Full <i>We need this in order to claim Gift Aid.</i>	Postcode (for Gift Aid)	Gift Aid I am aged over 16 and a UK tax payer *	Sponsorship		
				Date	Amount	Paid
A.SPONSOR	8 HIGH STREET, ANYWHERE	AN2 8JB	✓	d/m/y	£10.00	✓
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

How to help Sightsavers: Just 50p treats the early stages of trachoma with ointment, £5 could protect 16 families from river blindness for a year, £10 could provide five white canes for people who are blind, £17 pays for a cataract operation for an adult.

Full Name <i>Please complete in block capitals</i>	Home Address in Full <i>We need this in order to claim Gift Aid.</i>	Postcode (for Gift Aid)	Gift Aid Please reclaim the tax on my gift	Sponsorship		
				Date	Amount	Paid
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

Thank you for your Support

Total Collected

£

Please make cheques payable to Sightsavers International and forward THIS FORM and your CHEQUE to: Sightsavers International, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX. Telephone 01444 446600

To be completed by **Sightsavers International**

Date Money
Received

Total Amount of
Gift Aid Donations

£

x22/78=

£

Tax
Reclaimable

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