Essex & Herts Air Ambulance

Your local life-saving charity

PLEASE SPONSOR ME!

Your name:

Address:

Email: Telephone:

Event: Event date:

By ticking this box , I confirm that I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the Charity will reclaim 25p of tax on every £1 that I give for current and, if applicable, future years.

giftaid it

Sponsor's full name	Sponsor's home address *Only required if you are Gift Aiding your donation*	Postcode	Donation amount	Date collected

By ticking this box , I confirm that I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the Charity will reclaim 25p of tax on every £1 that I give for current and, if applicable, future years.

giftaid it

Sponsor's full name	Sponsor's home address *Only required if you are Gift Aiding your donation*	Postcode	Donation amount	Date collected