PLEASE SPONSOR ME

in aid of

Chest Heart & Stroke Scotland

NO LIFE HALF LIVED

*Name: .....

*I'm going to: .....

*On (date): .....

please fill in these details before asking for any sponsorship

Every *£10* raised helps provide essential, practical information to *18* families affected by a chest, heart or stroke condition.

*If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer and that I have agreed to the Gift Aid statement below***

Make your gift go further with Gift Aid**

If you tick the box below Chest Heart & Stroke Scotland will receive a further 25p for every pound you give. We need your name, home address AND postcode to claim Gift Aid.

First Name	Surname	Home address	Post code	Amount sponsored	Date	Received	Gift Aid
e.g Ann	Example	1 St, Anytown	AB1 2CD	£20.00	dd/mm/yy	✓	✓
				Total:			

Date donations given to Charity ..... / ..... / .....

*Home Address: .....

..... *Postcode: .....

please fill in these details before sending in your form

Gift Aid: I have read this statement and want Chest Heart & Stroke Scotland (CHSS) to reclaim tax on the donation detailed above, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

If found, please return to: CHSS, 9 Haymarket Terrace, Edinburgh EH12 5EZ | Tel: 0131 225 4800

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For CHSS use

ID:

Sig:

Name: