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Full Name (First Name & surname)	Home Address (only needed if you are Gift Aiding your donation)	Postcode	Amount £	Date Paid	Gift Aid?
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If I have ticked the box headed 'Gift Aid?  $\sqrt{}'$ , I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above 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.

Please return your completed sponsor form to First Touch, NNU, 1st Floor Lanesborough Wing, St George's Hospital, Blackshaw Road, London, SW17 0QT