AMEND
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Supporting patients with M.E.N. Types 1 & 2, & Associated Endocrine Growths

SPONSOR FORM

NAME:	
ADDRESS:	
EVENT:	**DATE:**

Gift Aid 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. This applies in the UK only.

FULL NAME	HOME ADDRESS	POST CODE	AMOUNT PLEDGED	AMOUNT GIVEN	DATE GIVEN	GIFT AID?
	TOTAL DONATION		**£**			

To be completed by the charity:

Date moneys received	Total amount of Gift Aid donations	x 22/78 = tax reclaimable