

giftaid it

Sponsorship Form

Event Name:		Event Date:				
Tell us a little about yourself and your event						
	if you agree that we can share your fundraising event st	T	 			
Full Name	Address	Postcode		Paid	Gift Aid	
Mr Sample	123 Sample Street, Sample Town		£10.00			
Care Plus Charitable Trus	Se your donation by 25% t can claim and extra 25p for every £1 you you, providing you are a UK tax payer.	Tota	l Raised			

Full Name	Address	Postcode	Amount	Paid	Gift Aid
Mr Sample	123 Sample Street, Sample Town	XX0 0XX	£10.00	/	/
		Tota	Raised		



Donation Form

Please return this form with your gift to:

Care Plus Group Charitable Trust, Care Plus Group, The Val Waterhouse Centre, 41-43 Kent Street, Grimsby, DN32 7DH

Participant Name				
Address				
Postcode Tel No				
Email:				
Total funds raised				
Signature: Date:				
Was the money raised for a specific person, organisation or project?				

Please make your cheque payable to: Care Plus Group Charitable Trust

Online Back Payment: Bank - Natwest

Name: Care Plus Charitable Trust

Sortcode: 53-50-10 Account: 57441480