SPONSOR FORM

To undertake the following Event: _____

Date of Event: _____

Name & Address ----------

GIFT AID*	FULL NAME (First Name and Surname)	HOME ADDRESS (This is essential for Gift Aid)	POSTCODE	AMOUNT	DATE PAID
	TOTAL			**£**	

* Please Note: all information you give us will be used only for reclaiming tax on this donation.

Care for Kids North Devon, Bridge Chambers Business Centre Suite 6 Barnstaple Devon EX31 1HB
Tel 07842303883 Charity Registration: 1136399
www.careforkidsnorthdevon.org.uk
07842303883