THE ELIZABETH MONTGOMERIE FOUNDATION

DETAILS OF PERSON TAKING PART IN EVENT

NAME: _____

CONTACT NUMBER: _____

NAME OF EVENT: _____

Office Use Only:

URN: _____ **Date Received: _____**

Total Received: _____ **Lodgement No: _____**

Official Sponsorship and Gift Aid Form

Please support _____ who is raising funds for The Elizabeth Montgomerie Foundation by
(Event type) _____ on _____.

For us to be able to claim Gift Aid on your donation we need your HOME address including POSTCODE. Gift Aid equates to an extra 28p in every pound donated so please help us to claim it. Details will not be used for any mailings or databases.

Full Name	Home Address with POST CODE	Amount Pledged	Amount Paid	Gift Aid (4)	Date Given (dd/mm/yy)

Please note by ticking the 'Gift Aid' box you are agreeing to the following declaration
'We, who have given our names and addresses above and who have ticked the box entitled '(4) Gift Aid?', want the above charity to reclaim tax on the donation detailed above, given on the date shown. We understand we must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation.'

PLEASE PHOTOCOPY THIS SHEET WHEN YOU NEED TO……..

Scottish Charity Number SCO 22910