

## SPONSORSHIP FORM

Thank you for raising money to provide emotional support to lawyers, their support staff and their families.

Event name: \_\_\_\_\_

Event date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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The Gift Aid scheme entitles LawCare to claim an extra 25p on every £1 given by a UK taxpayer. By ticking the box below you confirm that you are a UK taxpayer and understand that if you pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all your donations it is your responsibility to pay any difference.

| FULL NAME<br>(please print) | ADDRESS<br>(please print) | POSTCODE | DONATION<br>AMOUNT | DATE<br>PAID | GIFT<br>AID?<br>(please<br>tick) |
|-----------------------------|---------------------------|----------|--------------------|--------------|----------------------------------|
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