raising funds for
action medical research
for children

Paddington's favourite UK charity

# Sponsor me and help sick babies and children

Participant's name . . . . . .

Event . . . . . Date . . . . . .

Address . . . . . .

. . . . . Postcode . . . . . .

**Did you know** - If you are a UK tax payer we can claim tax back on your donation.

giftaid it

I have ticked the box headed Gift Aid, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Action Medical Research named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given. **To reclaim gift aid your full name, address and postcode are required.**

| Full name | House number- | Postcode | Amount pledged | Amount given | Date given (dd/mm/yy | Paying in slip no. | Gift Aid ✓ |
|---|---|---|---|---|---|---|---|
| Mr John Smith | 5 | AB1 2CD | £25 | £25 | 18.06.15 | 1234 56 | ✓ |
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If you run out of room for names don't worry, photocopies of this side of the form will be accepted

Sub total £ _____

**Action Medical Research registered office:** Vincent House, Horsham, West Sussex RH12 2DP **T** 01403 210406 **E** info@action.org.uk **W** action.org.uk
Charity reg. nos 208701 and SC039284

| Full name | House number- | Postcode | Amount pledged | Amount given | Date given (dd/mm/yy | Paying in slip no. | Gift Aid ✓ |
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**Total amount raised £** _____

**Please return this form to:**

Action Medical Research
Vincent House, Horsham, West Sussex RH12 2DP

Please make cheques payable to Action Medical Research

FRSB give with confidence

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Office use only:

Amount received £ ..... Date banked ..... Paying-in slip ref. .....