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RNLI SPONSORSHIP FORM

Name of participant:			
Title First	st name (in full)	Surname	
Supporter number (if k	nown)		
Home address			
			Postcode
Telephone numbers:		Mobile	
Email			
Name of event		Source code	INTERNAL USE ONLY
Date of event		Fundraising branch name/number	
	on to be used by suppliers working on our	behalf and we'll only share it if required to do so by law. For full details:	ny also be used for analysis purposes, to help us provide the best service see our Privacy Policy at RNLL.org/PrivacyPolicy or contact our
• •	•	g in touch with you by post and phone, sharing	g our news, activities and appeals.
Would you like to receive		sages too?	
Yes, I'm happy to hear Yes, I'm happy to hear	3 3		
3		ast, we'll make sure we honour the preference you, please get in touch. Just visit RNLI.org/pr	, , , , , , , , , , , , , , , , , , ,
YOUR SP	ONSORS	HIP	Photo

YOUR SPONSORSHIP DONATIONS WILL HELP SAVE LIVES AT SEA

Note for sponsors

If the activity isn't completed, the fundraiser will be responsible for contacting sponsors to discuss returning sponsorship funds.

If I have ticked the box headed 'Gift Aid (\(\forall ')'\), I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Remember: You must provide your full name, home address, postcode and \checkmark Gift Aid for the charity or CASC to claim tax back on your donation.

Sponsor's full name (Please use capital letters)	Sponsor's home address (Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.)		Gift Aid (√)	Amount pledged	Date paid
ANN SAMPLE	1 HIGH STREET, ANYTOWN, COUNTY	AB1 2CD	1	£20	DATE
				Sub-total	

Sponsor's full name (Please use capital letters)	Sponsor's home address (Only needed if you are Gift Aiding your donation.	Gift Aid (√)	Amount pledged	Date paid	
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Sponsor's full name (Please use capital letters)	Sponsor's home address (Only needed if you are Gift Aiding your donatio Don't give your work address if you are Gift Aidir	Gift Aid (√)	Amount pledged	Date paid	
ANN SAMPLE	1 HIGH STREET, ANYTOWN, COUNTY	AB1 2CD	√	£20	DATE
Fan Fan doubling Day 1111	- 0.1.	1	Total dona	tions received	
For Fundraising Branch Us Date(s) Banked					

YOUR SPONSORSHIP DONATIONS WILL HELP KIT OUR CREW



- You must not consider Gift Aid as contributing towards your sponsorship target, but see it as an addition to your target.
- Please ensure you return all used sponsorship forms to the address below along with your collected sponsorship money, no later than 12 weeks after the event date.
- This sponsorship form must be returned to the RNLI together with all donations. Your donations must match the total on this sponsorship form.
- All cheques must be made payable to 'Royal National Lifeboat Institution'.



Royal National Lifeboat Institution West Quay Road Poole Dorset BH15 1HZ Tel: 0300 300 9908 Email: fundraising@rnli.org.uk

The RNLI is the charity that saves lives at sea

The Royal National Lifeboat Institution, a charity registered in England and Wales (209603), Scotland (SC037736), the Republic of Ireland (20003326), the Bailiwick of Jersey (14), the Isle of Man (1308 and 006329F), the Bailiwick of Guernsey and Alderney, of West Quay Road, Poole, Dorset BH15 1HZ