

Sponsorship Form

Event Name:				Event Date:				
Your Name: Email: Address:			giftaid it Please tick below if you would like the United Lincolnshire Hospitals Charity to reclaim the tax you've paid on this donation. Please read the details and declaration at the bottom of the page. Remember: You must provide your full name,					
Геlephone:				home address, postcode and tick the 'Gift Aid' box for us to claim tax back on your donation.				
Name	Home Address	Postco	ode	Donation Amount	Gift Aid (Please Tick)	Date Paid		

Name	Home Address	Postcode	Donation Amount	Gift Aid (Please Tick)	Date Paid

Call us on 01522 572 221 or email charities.team@ulh.nhs.uk

Total:



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