

**In aid of Abbie’s Sparkle Foundation, Burghead Parent and Toddlers and Burghead Coastal Rowing Club.**

**NAME OF SWIMMER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsorship and Gift Aid Declaration Form**

If 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 the charity 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.

You must provide your full name, home address, postcode & √’, Gift Aid for the charity to claim tax back on your donation

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| --- | --- | --- | --- | --- | --- |
| **Sponsor’s Full Name** (First name & surname) | **Sponsor’s Home Address** (Only needed if you are Gift Aiding you donation) | **Postcode** | **Donation Amount £** | **Date Paid** | **Gift Aid**? √ |
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| **Sponsor’s Full Name** (First name & surname) | **Sponsor’s Home Address** (Only needed if you are Gift Aiding you donation) | **Postcode** | **Donation Amount £** | **Date Paid** | **Gift Aid**? √ |
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|  | **Total Donations Received** | **£** | | | |
|  | **Total Gift Aid Donations** | **£** | | | |
|  | **Date Donations Given to Charity** | **£** | | | |

THIS FORM MUST BE HANDED IN UPON REGISTRATION ON BOXING DAY (ALONG WITH THE MINIMUM £50 ENTRY FEE), OR IF ATTENDING EARLY REGISTRATION THEN HANDED IN UPON ARRIVAL ON BOXING DAY TO CONFIRM ENTRY TO THE SWIM. EARLY REGISTRATION EVENINGS ON TUESDAY 18TH DECEMBER 7PM-9PM AND THURSDAY 20TH DECEMBER 7PM-9PM AT BURGHEAD HARBOUR OFFICE. SEE SWIMMER INFORMATION FOR MORE DETAILS. ANY QUESTIONS YOU MAY HAVE CAN BE ASKED VIA OUR FACEBOOK PAGE OR BY EMAILING US AT [burgheadboxingdayswim@outlook.com](mailto:burgheadboxingdayswim@outlook.com)



**SWIMMER NUMBER**

**Swimmer Details**

Swimmers Name

Where are you from/live?

Place of Work

Any Additional Information, such as fun facts, who you are jumping for/in memory of and how many times you have done the swim.