

SPONSORSHIP FORM

In aid of the Maternity Bereavement
Appeal to support families
experiencing baby loss across
Calderdale and Kirklees.

My event:

Event date:

Name:

Address:

Email / Phone:



Title	Forename	Surname	Home address	Postcode	Email address	Donation amount	Date received	GiftAid	I would like to opt in to receive charity updates
Please ensure you complete all sections in order for us to claim gift aid on your donation									
Mr	Joe	Example	1 Example Street, Example Town	AB1 2CD	joe@example.co.uk	£20	28/07/2024	✓	✓

Gift Aid

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Make your donation go further!

If you are a UK tax payer, we could claim Gift Aid on your donation and receive an extra 25p for every £1 you give! Just tick the box* next to your donation amount.

By ticking the 'Gift Aid' box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Calderdale and Huddersfield NHS Charity to reclaim tax on my donation. you must provide your full name, address and tick the 'Gift Aid' box.

www.chftcharity.co.uk

Registered Charity Number: 1103694

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How we process the information you provide:

Total:

We will treat your information with respect and will use your data to process your donation, claim Gift Aid (if you want us to) and contact you on any administrative matters that may come up. If you've also opted in to hear from us, you can change the way we contact you at any time by getting in contact with us by email chftfundraising@cht.nhs.uk or calling 01484 344 344.

Payment

Send us a cheque

Make your cheque payable to 'Calderdale and Huddersfield NHS Charity' and post it to: Calderdale and Huddersfield NHS Charity, Huddersfield Royal Infirmary, Lindley, Huddersfield, HD3 3EA.
Please include your event name on the back of the cheque and send it with your sponsorship form.

Send via bank transfer

Account name: Calderdale and Huddersfield NHS Charitable Funds
Account number: 01103245
Sort code: 53-61-07



Visit our website to find out more

www.chftcharity.co.uk

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