



Sponsorship Form

	health and social exclusion.			
Title (please circle)	Mr Mrs Miss Ms Mx Dr Other (please state):			
Forename				
Surname				
House number				
Post code				
Email address				
Mobile number				
Telephone number				
Signed				
Date				
the people we help, h and appeals, we need Email Yes No	tof the movement and help us to build better futures. To keep you informed about now you can support Framework's life-changing work, and our latest campaigns d to know how we may contact you: Text message Yes No Post Yes No Telephone Yes No data protection policy at www.frameworkha.org/privacypolicy			
•				
If I have ticked the box headed 'Gift Aid? $\sqrt{\ }$ ', 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 £1.00 that I have given.				
Remember: You must CASC to claim tax ba	t provide your full name, address details, postcode and ' \surd ' Gift Aid for the charity or lck on your donation.			
Please see sponsorsh	nip form overleaf.			
Central Office, Val Rok 25 Gregory Boulevard,	berts House, t. 0115 841 7711 f. 0115 960 3985 Nottingham NG7 6NX e. info@frameworkha.org www.frameworkha.org			



Your name	Your address (inc Postcode)	Money Pledged	*Gift Aid	Date Paid
e.g. John Smith	1 Sun Road, Mapperley, Nottinghamshire NG7 7LS	£5.00		13/01/21

Please return this form (and any additional sponsor forms used) along with your sponsor money via a cheque payable to "Framework", to:

Framework, Val Roberts House, 25 Gregory Boulevard, Nottingham NG7 6NX

For office use only:		
Date received:	Total received:	