

SPONSORSHIP FORM

I, _____ will be _____
to raise money for Framework. The money raised will be used to support their work with people affected by homelessness, ill-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	

Note: Please ensure that your name and address details are clearly stated above. Without this we cannot claim Gift Aid on your sponsor money!

Join Us: Become part of the movement and help us to build better futures. To keep you informed about the people we help, how you can support Framework's life-changing work, and our latest campaigns and appeals, we need to know how we may contact you:

Email Yes ☐ No ☐ Text message Yes ☐ No ☐ Post Yes ☐ No ☐ Telephone Yes ☐ No ☐

You can read our full data protection policy at www.frameworkha.org/privacypolicy

Sponsors!

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 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 provide your full name, address details, postcode and '✓' Gift Aid for the charity or CASC to claim tax back on your donation.

Please see sponsorship form overleaf.

Central Office, Val Roberts House,

t. 0115 841 7711 f. 0115 960 3985

25 Gregory Boulevard, Nottingham NG7 6NX

e. info@frameworkha.org www.frameworkha.org

Patrons: Sir John Peace and The Right Reverend Paul Williams.

A Company Registered in England and Wales and Limited by Guarantee 3318404 Reg. Charity No. 1060941 RP No. LH4 184

Sleep Out



Framework
For your future

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:

Sleep Out



Framework
For your future