mnda
motor neurone disease association

Walk to d'feet MND

Sponsor Form

Please return to:

Mr R Sowersby
27 Llys y Coed
Llanfairfechan
LL33 0HP

Please help

Participant's Name _____

Address _____

_____

Postcode _____

to raise funds for people affected by MND by participating in

Walk to d'feet MND on: _____ (date)

Team Leader: _____

Team Name: _____

Motor Neurone Disease:

- kills six people every day in the UK
- leaves people unable to walk, talk or feed themselves
- has no cure

The MND Association:

- provides care and support for people with MND and their carers
- funds vital research into causes, treatments and a cure for MND
- campaigns and raises awareness of MND

Increase your donation at no additional cost!

Thanks to the Gift Aid scheme, the MND Association can reclaim 25p for each £1 you give, increasing its value to £1.25.

giftaid it

If I have ticked the column headed 'Gift Aid it √', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the MND Association to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/ 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.

Please note we will be unable to claim gift aid unless you fill in one name only per line, first line of address, post code and tick the gift aid box...Thank you!

Full Name (BLOCK LETTERS)	To claim Gift Aid we need your HOME address (House name/number only)	Postcode	Tick here giftaid it	Pledge	Date Collected	No Mail†
Example MRS ANN SAMPLE	31	AC12 1HP	☑	£10	01/01/11	☐
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Please make cheques payable to:
The Motor Neurone Disease Association

Total Amount Raised _____

Date donations given to the MND Association _____

Registered with FUNDRAISING REGULATOR

†If you do not wish to receive future updates on the work of the MND Association, please tick the 'No Mail' column.

Registered charity No 294354

Please note we will be unable to claim gift aid unless you fill in one name only per line, first line of address, post code and tick the gift aid box...Thank you!

Full Name (BLOCK LETTERS)	To claim Gift Aid we need your HOME address (House name/number only)	Postcode	Tick here *giftaid it*	Pledge	Date Collected	No Mail
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Please make cheques payable to:
The Motor Neurone Disease Association

Total Amount Raised ☐

Date donations given to the MND Association ☐

Registered with FUNDRAISING REGULATOR

*All your personal details remain confidential and will not be shared with any other organisations.
Important fundraiser information - The sponsorship money you send us must match **exactly** with the 'Total Raised' on your sponsorshup form(s). **If it does not, we are unable to claim any of the Gift Aid.**

Registered charity No 294354