



Name of Competitor:

Sheet no.

GIFT AID - If I have ticked the box marked " Gift Aid ✓", I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Highland Cross to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given. (Charity No. SC026679)

of

sheets

Competitor No:

SPONSORSHIP & GIFT AID DECLARATION FORM

HIGHLAND CROSS - 22nd JUNE 2024

PRINCIPAL CHARITIES BEING ASSISTED IN 2024

more details available on www.highlandcross.co.uk

CANTRAYBRIDGE

Help to purchase a minibus

HIGHLAND BLINDCRAFT

Help to purchase a van

HIGHLAND DISABILITY SPORT

Help to purchase a minibus

L'ARCHE HIGHLAND

Help to purchase a vehicle

OFFICE USE ONLY	First Name & Surname (BLOCK CAPITALS PLEASE)	Home Address	Postcode	Amount	Gift Aid? ✓	Date Paid
	JOHN SMITH	19 CULDUTHEL ROAD, INVERNESS,	IV2 4AA	10.00	✓	

Alternatively, use the JUSTGIVING (www.justgiving.com) website and select "Highland Cross" to set up your own page.	brought forward from previous sheet (if applicable) £	
	Total collected OR amount carried forward to next sheet £	

Total Sum Handed Over £:	Competitor's Signature:	Date:
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OFFICE USE ONLY	First Name & Surname (BLOCK CAPITALS PLEASE)	Home Address	Postcode	Amount	Gift Aid? ✓	Date Paid
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