



**Cardiac Risk in the Young**  
Registered Charity No. 1020481

# Sponsorship Form

V2 2017.05 B002

**Please sponsor:**  
 .....

Address: .....  
 ..... Postcode: .....

**Who is:**  
 .....  
(Give details of your event)

**Because:**  
 .....  
(Why are you supporting CRY?)

**My fundraising target is:**  
**£** .....

**Claim Gift Aid & boost your donation by 25p for every £1 you donate!**

First Name	Surname	Full Home Address	Postcode							Amount	Gift Aid*	Date Paid
			K	T	2	2	7	R	D			
Joe	Bloggs	12, My Street, My Town, My County	K	T	2	2	7	R	D	£10	✓	dd/mm/yy

*Every week in the UK at least 12 apparently fit and healthy young people die of undiagnosed heart conditions.*


\*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 CRY to reclaim tax on my donation, 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 that I have given. Remember: You must provide your full name, home address, postcode & tick 'Gift Aid' for the charity to claim tax back on your donation.



