CAIRNGORMS CYCLE SPORTIVE 19th & 20th Sept 2009'

EVENT SPONSORSHIP & GIFT AID FORM

NAME:_____ **COMPETITOR NUMBER:**_____.

Full Name	Home Address(Must be full home address)	Post Code	Amount Pledged	Amount Given	Date Given (dd/mm/yy)	Gift Aid? (v)
EXAMPLE *BILL SMITH*	*16 GLENMORE VIEW, AVIEMORE*	*PH22 1QU*	*£10*	*£10*	*15/10/08*	***v***

We, who have given our names and addresses above, and who have ticked the box marked 'Gift Aid? (v)', want the above charity to reclaim tax on the donation detailed above,
given on the date shown. We understand that each of us must pay income tax or capital gains equal to the tax reclaimed by the charity on the donation.

To be completed by the charity:

Date monies received: Total amount of Gift Aid Donations:

Any cheques should be made payable to 'The Speyside Trust'