Thank you for sponsoring me!

Details of person being sponsored

Title Full na	Full name								
Address									
Town									
County	Postcode								

is taking part in the following event:										
on (date/s)										

Meningitis **NOW**

Thank you for helping me raise money for Meningitis Now so they can continue saving lives and rebuilding futures.

giftaid it

If you pay UK tax* and tick the Gift Aid box, the Government will give Meningitis Now 25% on top of your donation. It won't cost you a penny. Remember: Your FULL address is needed to identify you as a current UK taxpayer.

£3 helps pay for 100 symptoms cards which we know saves lives

£10 helps pay for a support call and information for patients and families

£20 helps fund an hour of lifesaving research

Read why people urgently need our help at www.meningitisnow.org/stories



										7			
TITLE	FIRST NAME	SURNAME	HOUSE NAME OR NUMBER	HOME ADDRESS		TOWN	COUNTY	POSTCODE	AMOUNT PLEDGED	AMOUNT GIVEN	DATE GIVEN		**Opt in to Meningitis Now mailings
	Please don't put 'mun nicknames as your Git		Essential for Gift Aid	This must be your home address and not yo work address, your Gift Aid won't count.	our work add	lress. If you only give par	of your address or your	Essential for Gift Aid	Essential for Gift Aid	Essential for Gift Aid	Essential for Gift Aid	giftaid i	t (see note overleaf)
Please don't put 'mum', 'dad' or nicknames in the First Name box, as your Gift Aid won't count. Your address must be your home address. Please see the example below for guidance.													
Mr	Adam /	Smith	123 X A	The Street		Stroud P	Gloucestershire	GLI 2CD	£15	£15	01/01/2017	V	

^{*} If I have ticked the box headed 'Giftaid it', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Meningitis Now to reclaim tax on the donation detailed above/overleaf, 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 Meningitis Now will reclaim 25p of tax on every £1 that I have given.

TITLE	Please don't put 'mum', 'dad' or use E:		HOUSE NAME OR NUMBER Essential for Gift Aid	HOME ADDRESS TOWN COUNTY This must be your home address and not your work address. If you only give part of your address or your work address, your Gift Aid won't count.					AMOUNT PLEDGED Essential for Gift Aid	AMOUNT GIVEN Essential for Gift Aid	DATE GIVEN Essential for Gift Aid	giftaid it	(see note
Pleas	se don't put 'mum	', 'dad' or nicknames in th	ne First Name box, a	s your Gift Aid won't count. Your	address m	ust be your hom	e address. Please se	e the example belo	w for guidance	⊇.			below)
Mr	Adam	Smith	123 X A	The Street		Stroud	Goucesters	nine GLI 1CD	£15	£15	01/01/2017		
	_		_	sed to support the work of	Meningi	tis Now.		TOTAL DONA	ATIONS: £				
	Jiley laised is i	n memory/celebratio						Date donati to Meningiti)	
	-	nsor monies, togethe								FOR O	FFICE USF ON	LY	© Mei
Meningitis Now, Fern House, Bath Road, Stroud, Gloucestershire, GL5 3TJ												ĭ≤e	

**Opt in to Meningitis Now mailings: We would like to contact you by post to update you about our work and activities. If you are happy to

Meningitis Now • Fern House • Bath Road • Stroud • Gloucestershire • GL5 3TJ • Tel: 01453 768000 • info@meningitisnow.org • www.MeningitisNow.org

Registered Charity Number 803016 (England & Wales) SC037790 (Scotland) • Company Registration Number 2469130.

receive this information from us, please tick the Opt in box next to your details.

Meningitis Now 2017

Gift Aid amount: £

Meningitis **NOW**