# Sponsorship Form

Supporting children born without eyes and underdeveloped eyes

**Name:** _____ **Fundraising event:** _____ **Date:** _____

**Address:** _____

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 MACS to reclaim tax on the donation detailed below, 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. You must provide your full name, home address, postcode & '☑' Gift Aid for MACS to claim tax back on your donation.

| Full name | Full Home Address | Amount (£) | Gift Aid (✓) | Date collected (dd/mm/yyyy) | Please DO NOT contact me (✓) | Ref no. |
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