CAFOD
just one world

Schools sponsor form

My name is _____

School name & address _____

My sponsored activity is_____Date and venue _____

Please sponsor me so that I can help CAFOD to help others to help themselves.

***We, who have given our names and addresses below, and who have ticked the box entitled Gift Aid, want CAFOD to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by CAFOD on the donation.**

giftaid it

Title/intials/surname	Home address (house number/name plus postcode required for Gift Aid)	Post code	Gift Aid*	Amount pledged	Amount given	Date given (dd/mm/yy)
Mr J Smith	8 Any Street, Anytown	AB1 2BC	✔	£XX.00	£XX.00	01/02/06
				Total donations	£	

Thank you

Official use only: R6133 _____ **Total Gift Aid Donations** _____

Date received _____ **Tax reclaimable (22/78)** _____

Return address:
CAFOD, Romero Close, Stockwell Road, London, SW9 9TY
Tel: 020 7733 7900 Web: www.cafod.org.uk
Registered charity no. 285776

Please photocopy the sheet if you require more sponsor sheets. Attach all copies to this form and return with a cheque(s) for the total amount to CAFOD.