

FUNDRAISING SPONSORSHIP FORM: ADDITIONAL PAGE (please attach securely to your cover page)



Your name \_\_\_\_\_  
 Email / Telephone \_\_\_\_\_  
 Event name \_\_\_\_\_

TITLE	INITIALS	SURNAME	HOUSE NUMBER OR NAME	POSTCODE	YOUR DONATION	GIFT AID	DATE PAID
Miss	M.	Smith	30	AB12 3CD	£10.00	✓	12.08.18