

Title

First name

Sponsorship form

Together, we can give seriously ill children the best chance, and the best childhood, possible. Be part of it.

Name of event (essential)

| Full name | Home addre Please fill in your | ss full home address if you would like us to claim Gift Aid on your donation |
|--|--|--|
| Email By providing your details, you ag telephone and mail regarding yo to keep you up to date with char | ree to be contacted by email, SMS, our fundraising. We would also like ity news, fundraising, events, shop is benefitting seriously ill children. | Add 25% to your fundraising without paying a penny more Help us maximise your fundraising by asking your sponsors if they are eligible to Gift Aid their donations. All they need to do is tick the box to confirm that they wish to do so. |
| Address | Postcode Mobile | Why set up a fundraising page online? It's quick, easy and a great way to collect sponsorship. |
| Supporter number (if known) | | Date of event (essential) |
| Surname | | |

Where will your donations go?

Your incredible fundraising efforts will help fund groundbreaking research, cutting-edge medical equipment and the creation of child-centred facilities to help save more young lives, and essential support services that help save childhoods too.





| | could provide five days of lunches for |
|-----|---|
| £70 | two parents on a low income while their |
| | child is being treated at GOSH. |

| Full name | Home address Please fill in your full home address if you would like us to claim Gift Aid on your donation | Postcode | Amount | Date collected | Gift Aid Please read Gift Aid statement below |
|--------------|--|----------|--------|-------------------|--|
| Alex Example | 1 Any Street, Anytown, Anywhere | AB12CD | £20.00 | 01/02/03 | / |
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Please tick the Gift Aid box to confirm that you are a UK tax payer and would like Great Ormond Street Hospital Children's Charity to reclaim tax on the donations you have made in the last four years and any future gifts you make. If you pay less income tax and/or capital gains tax than the amount claimed on all your donations in that tax year (6 April-5 April), it is your responsibility to pay any difference. If your circumstances change, such as your name, address or tax status then please notify us so that we can update our records.

| Full name | Home address Please fill in your full home address if you would like us to claim Gift Aid on your donation | Postcode | Amount | Date collected | Gift Aid Please read Gift Aid statement overleaf |
|--------------|--|------------------|--------|-------------------|---|
| Alex Example | 1 Any Street, Anytown, Anywhere | AB1 2CD | £20.00 | 01/02/03 | / |
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| | Total brought forw | ard from overlea | f | | |

Grand total



Please make cheques payable to

Great Ormond Street Hospital Children's Charity

Please send all cheques, along with your sponsor forms, to

Community Fundraising, Great Ormond Street Hospital Children's Charity, 40 Bernard Street, London WC1N 1LE

If you would like further information, please give us a call on 020 3841 3841 or visit us at **gosh.org/fundraising**

May 2025. Great Ormond Street Hospital Children's Charity. Registered charity no. 1160024.

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