

SPONSORSHIP FORM



ONLY THE BRAVE

www.onlythebraveraces.co.uk

Title **Full name** **Telephone**

Date of event / /

Email address **Postcode**

Name of event or fundraiser

Address

I am happy for you to contact me by...
 EAAA would like to contact you about other events and general updates about EAAA. Please tick all relevant boxes.

- Email Post Phone
 I would like to opt out of all communications from EAAA.

Gift Aid.* Very Important *giftaid it*

For every £1 you donate EAAA can claim an extra 25p at no extra cost to you.

It is just a little box to tick, but Gift Aid can make a huge difference when it comes to how much money we can raise to support our life saving service. It does not count towards your individual total, but it does help EAAA raise more money.

Please tick the Gift Aid box. *Tick here for Gift Aid*

Title	First Name	Surname	Postcode	Full home address NOT WORK ADDRESS (This is essential for Gift Aid)	Amount	Gift Aid	Date Paid
MR	JOE	EXAMPLE	AB1 2BA	HOUSE NUMBER, STREET NAME, TOWN	£10.00	<input checked="" type="checkbox"/>	DD/MM/YYYY
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /
					£	<input type="checkbox"/>	/ /

Continued on the back...

Need another form?
 No problem! You can photocopy this one as many times as you like.

