

# SPONSORSHIP FORM



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**



Make every £1 worth £1.25 at no extra cost to you.

It's 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.

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	Daidd Paid
MR	JOE	EXAMPLE	AB1 2BA	HOUSE NUMBER, STREET NAME, TOWN	£10.00	✓	DD/MM/YYYY
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /

Continued on the back...

**Need another form?**

No problem! You can photocopy this one as many times as you like.

