Please photocopy this form before you collect sponsors and attach copies to this original.

Sleeper's name……

Group/Organisation……..

SLEEP-OUT- 2011 - SPONSORSHIP AND GIFT AID DECLARATION FORM

CENTRE 33
C/o Treasurer
42 Craiglands
St Albans AL4 9AH

DENS
31 Weymouth Street
Hemel Hempstead HP3 9SL

LEIGHTON LINSLADE
HOMELESS SERVICE
25 Church Avenue
Leighton Buzzard
LU7 1AD

LAMP
Napier House 17-21 Napier
Road Luton LU1 1RF

OPEN DOOR (SLEEPOUT)
19 Watsons Walk
St Albans AL1 1PD

STEVENAGE HAVEN
5 Ditchmore Lane
Stevenage
SG1 3LJ

WATFORD NEW HOPE
TRUST
67 Queens Road
Watford WD17 2QN

Charity being supported: …….. … … … … (**Only ONE of the above charities to be nominated)**

Gift Aid Declaration
v I am a UK taxpayer and would like the charity to reclaim the tax on my donation (please tick & sign Gift Aid box below)

Sponsor's name (Please PRINT)	**Home address**	**Post code** (essential)	**Amount donated**	**Date given** Day/month/year	**v Gift Aid Please TICK**