Please photocopy this form before you collect sponsors and attach copies to this original. Sleeper's name……

Group/Organisation……

SLEEP-OUT- 2009 - SPONSORSHIP AND GIFT AID DECLARATION FORM

CENTRE 33
2A Spicer Street
St Albans AL3 4PQ

DACORUM EMERGENCY NIGHT SHELTER
31 Weymouth Street
Hemel Hempstead HP3 9SL

LEIGHTON LINSLADE HOMELESS SERVICE
26 Southcourt Avenue
Linslade LU7 2QD

LUTON ACCOMMODATION & MOVE-ON PROJECT
Napier House 17-21 Napier Road
Luton LU1 1RF

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

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 & SIGN**