

# Sponsorship and Gift Aid Declaration Form



**Please sponsor me:** (name)

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**To:** (event)

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**At:** (venue)

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**On:** (date)

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In aid of Noah's Ark Children's Hospital Charity raising funds to support Wales' only children's hospital.

**Participants Address:**

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**Postcode:**

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**Age:**

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Noah's Ark Children's Hospital Charity, Upper Ground Floor,  
Noah's Ark Children's Hospital for Wales, Heath Park, CF14 4XW.  
**Phone:** 029 2184 7310



*giftaid it*

By ticking the box headed 'Gift Aid ✓' on reverse side, I confirm that I am a UK taxpayer and wish the charity to claim gift aid on the donation detailed below, on the date shown. I understand that I must pay income tax or capital gains tax equal to the tax reclaimed by the charity. I understand that the charity will reclaim 25p of tax on every £1 that I have given.

[www.noahsarkcharity.org](http://www.noahsarkcharity.org)

