**Please sponsor me** (name of participant) ...........…………………………………………………………………………

**To** (Sponsored Event) ………………………………………………………………………………………………………………….

**For - Lewes District Citizens Advice Registered Charity 1068146**

Remember: You must provide your full name, home address, postcode & ‘✔’ Gift Aid for Lewes District Citizens Advice to claim tax back on your donation.

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| **Sponsor’s full name** (First name and surname) | **Sponsor’s home address**(Only needed if Gift Aiding your donation. Do not give your work address if you’re Gift Aiding your donation) | **Postcode** | **Donation Amount**  | **Date paid** | **Gift Aid?** **✔** |
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|  | Total donations received  | £ |
| Total Gift Aid donations | £ |
| Date donations given to charity |  |