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The ovarian cancer support charity

SPONSORSHIP FORM

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Full Name (please print): ..... Contact Number: .....

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Name of Event: ..... Date: ..... Email: .....

Sponsor's Full Name (Please print)	Home Address	Postcode	Amount Pledged	Amount Paid	Date Paid	Gift Aid*	Further Info**
Jane Smith	100 High St.	W1 7NP	£20	£20	01/01/19	✓	✓

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Sponsor's Full Name (Please print)	Home Address	Postcode	Amount Pledged	Amount Paid	Date Paid	Gift Aid*	Further Info**
Jane Smith	100 High St.	W1 7NP	£20	£20	01/01/19	✓	✓

Thank you for your support!

Gift Aid Declaration

*We, who have given our names and addresses above and who have ticked the box headed 'Gift Aid' want Ovacome to reclaim tax on the donation detailed above, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax equal to the tax reclaimed by the charity.

Further contact from Ovacome

**We, who have ticked the box headed 'Further Information' would be happy to receive information about Ovacome's work.

Please photocopy this form if necessary for your records.