

(on the details above) to post you a paper copy.

Sponsorship Form

The amazing person named below is raising money for Rethink Mental Illness.

Thank you so much for sponsoring this person to raise funds to help us improve the lives of people affected by mental illness.

giftaid it lif you are a UK taxpayer, you can boost your donation by 25p of Gift Aid for every £1 you donate, at no additional cost to you! Please tick the box below to join the Gift Aid scheme.		 by ticking this box you are confirming that: you have read this statement and want Rethink Mental Illness to reclaim tax on all donations you make or have made to Rethink Mental Illness for the past 4 years, until further notice you are a UK Income or Capital Gains taxpayer and that the charity will reclaim 25p of tax on every £1 that you have given you understand that if you pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of your donations it is your responsibility to pay any difference, and that other taxes such as VAT and Council Tax do not qualify 										
Title	Sponsor's FULL name	Please	HOME Address Please don't give your work address if you are Gift Aiding your donation.	Post Code	Donation amount	Date	YES, giftaid it (please tick)	Here's how I'm happy to hear from Rethink Mental Illness (please tick)				
								Mail	Email	Phone	SMS	
				+								

We're an opt-in charity, so if you don't give us consent above, we'll only use your details to process you donation and claim Gift Aid – we'll never sell your details to any third party. You can update your contact preferences at any time, just let us know by contacting us at **FREEPOST Rethink Mental Illness**, telephone **0121 522 7007**, or **supportercare@rethink.org**. **The permission you give us will only last 2 years** – just before that we'll ask you again if you still want to hear from us. Read our Privacy Policy at **www.rethink.org** or **ask us**

Registered Charity Number 271028.

Name of participant: ______ Date: ______ Date: _____



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Date donations sent to charity	

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Title	Sponsor's FULL name	HOME Address Please don't give your work address if you are Gift Aiding your donation.	Post Code	Donation amount	Date	YES, giftaid it - (please tick)	Here's how I'm happy to hear from Rethink Mental Illness (please tick)			
							Mail	Email	Phone	SMS

TOTAL	DONATION	ONS RE	CEIVED
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We're an opt-in charity, so if you don't give us consent above, we'll only use your details to process you donation and claim Gift Aid – we'll never sell your details to any third party. You can update your contact preferences at any time, just let us know by contacting us at **FREEPOST Rethink Mental Illness**, telephone **0121 522 7007**, or **supportercare@rethink.org**.

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