Registered with FUNDRAISING REGULATOR

the lullaby trust
safer sleep for babies – support for families

Sponsor Form

Fundraiser's first name: _____ Surname: _____

Address: _____ Postcode: _____

Email: _____ Tel no: _____

GIFT AID - I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years, to The Lullaby Trust. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference.

TITLE	SPONSOR'S FULL NAME	SPONSOR'S HOME ADDRESS (in capitals please)	POSTCODE							GIFT AID	AMOUNT	PAID
Mr	Sidney Bear	20 CHURCH ROAD	E	C	4	2	6	B	P	✓	£20	✓

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