

Telephone Emails Text messages

## **SPONSORSHIP FORM**

Title	First name		Name of event (essential)		
Surname					
Supporter num	ber (if known)		Date of event (essential)		
Address					
		Postcode	https://fundraise.gosh.org/fundraisers/vic		
Tel	Mobile		kyclarke/rbc-race-for-the-kids		
Email					
telephone and m	r details we will contact yo ail about your fundraising ate with charity news, fund	. We would also like to	Add 25 per cent to your fundraising without paying a penny more		
from our chap an	d how your support is ben	efitting seriously ill	Halp us maximisa your fundraising by asking your spansors		

Help us maximise your fundraising by asking your sponsors if they are eligible to Gift Aid their donations. All they need to do is tick the box to confirm that they wish to do so.

## Amazing things happen at Great Ormond Street Hospital every day

Your fundraising will help us to rebuild and refurbish the hospital, buy vital equipment and fund pioneering research. With your help we can make a real difference for our sick children and their families.







Full name	Home address Please fill in your full home address if you would like us to claim Gift Aid on your donation	Postcode	Amount	Date collected	Gift Aid Please re Gift Aid stateme overleaf
Mr A. Example	1 Any Street, Anytown, Anywhere	AB1 2CD	£20.00	01/02/03	1
					+
					+
					+
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