



# epilepsy society

## FUNDRAISING



PARTICIPANT'S NAME: ..... EVENT DATE: .....

Title	Full Name	First Line of Address	Postcode	Amount	Gift Aid*
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Total Amount

£

By ticking the Gift Aid box, I confirm that I'm a UK tax payer and want to Gift Aid my donation and any other donations I have made in the past four years or make in the future to the Epilepsy Society. I understand that if I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my donations to all charities in that tax year it is my responsibility to pay any difference.

\*Please note that in order to claim Gift Aid we will need your title, first initial and surname and the first line of your address and postcode.

*giftaid it*

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