



SUPPORTING PEOPLE WITH

EATING DISORDERS

ACROSS THE SOUTH & WEST

Please sponsor (name of participant/s):

For their event (event name):

Thank you so much for supporting our fundraiser!

Your donation will make a huge difference for somebody's recovery journey.

Full Name Please print	Home address and Postcode Only required if you wish to apply Gift Aid to your donation	Donation amount (£)	Date paid (DD/MM/YYYY)	Gift aid?* (please tick)

*By ticking the box headed 'Gift Aid', I confirm I am a UK taxpayer and I would like SWEDA to treat this donation (which is my own money, and doesn't include money from fundraising or collected from others) and any donations I make in the future or have made in the past four years as Gift Aid donations, until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I also understand that SWEDA will reclaim 25p of tax on every £1 that I give.

SWEDA will only use the details that you have provided for the purposes of administering your donation and for claiming Gift Aid. For full details on how we manage your data please see our Privacy Policy at www.swedauk.org/about-us/sweda-policies

**SUPPORTING PEOPLE WITH****EATING DISORDERS****ACROSS THE SOUTH & WEST**

Full Name Please print	Home address and Postcode Only required if you wish to apply Gift Aid to your donation	Donation amount (£)	Date paid (DD/MM/YYYY)	Gift aid?* (please tick)

*By ticking the box headed 'Gift Aid', I confirm I am a UK taxpayer and I would like SWEDA to treat this donation (which is my own money, and doesn't include money from fundraising or collected from others) and any donations I make in the future or have made in the past four years as Gift Aid donations, until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I also understand that SWEDA will reclaim 25p of tax on every £1 that I give.

SWEDA will only use the details that you have provided for the purposes of administering your donation and for claiming Gift Aid. For full details on how we manage your data please see our Privacy Policy at www.swedauk.org/about-us/sweda-policies



SUPPORTING PEOPLE WITH

EATING DISORDERS

ACROSS THE SOUTH & WEST

Full Name Please print	Home address and Postcode Only required if you wish to apply Gift Aid to your donation	Donation amount (£)	Date paid (DD/MM/YYYY)	Gift aid?* (please tick)
Total raised:				

At the end of your fundraiser, please send us a copy of your completed sponsorship form. Ways to pay in your raised total include:

By BACS Transfer:

Bank: CAF Bank
Account no: 00014827
Sort code: 40-52-40

By cheque:

Please make cheques payable to SWEDA Ltd and post to
SWEDA, The Coach House, Harvest Court, Park Road, Shepton
Mallet, BA4 5BS

*By ticking the box headed 'Gift Aid', I confirm I am a UK taxpayer and I would like SWEDA to treat this donation (which is my own money, and doesn't include money from fundraising or collected from others) and any donations I make in the future or have made in the past four years as Gift Aid donations, until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I also understand that SWEDA will reclaim 25p of tax on every £1 that I give.

SWEDA will only use the details that you have provided for the purposes of administering your donation and for claiming Gift Aid. For full details on how we manage your data please see our Privacy Policy at www.swedauk.org/about-us/sweda-policies