

SPONSORSHIP FORM

Together we save lives



Title

Full name

Telephone

Date of event

Email address

Postcode

Name of event or fundraiser

Address

I am happy for you to contact me by...

EAAA would like to contact you about other events and general updates about EAAA. Please tick all relevant boxes.

Email Post Phone

I would like to opt out of all communications from EAAA.

Gift Aid.* Very Important

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Make every £1 worth £1.25 at no extra cost to you. It's just a little box to tick, but Gift Aid can make a huge difference when it comes to how much money we can raise to support our life saving service.

It doesn't count towards your individual fundraising total, but it does help EAAA as a whole.

Tick here for Gift Aid

Title	First Name	Surname	Postcode	Full home address NOT WORK ADDRESS (This is essential for Gift Aid)	Amount	Gift Aid	Daid Paid
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /
					£		/ /

Need another form? No problem! You can photocopy this one as many times as you like.

Continued on the back...



