



Multiple System Atrophy Trust

Sponsorship Form

Name is taking part in

Home address Postcode

Please sponsor me. I'm hoping to raise £

Full Name (First name and surname)	Home address (Only needed if you are Gift Aiding your donation)	Postcode	Amount £	Date paid	Gift Aid? √
Total donations received			£		



Gift Aid Declaration: If I have ticked the box headed 'Gift Aid? √', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.



Full Name (First name and surname)	Home address (Only needed if you are Gift Aiding your donation)	Postcode	Amount £	Date paid	Gift Aid? √
Total brought forward from overleaf			£		
Total donations received			£		

You can photocopy this form if you need more space

Please make cheques payable to **MSA Trust** and return together with your sponsorship forms to the address below

Multiple System Atrophy Trust | 51 St Olav's Court, Lower Road, London, SE16 2XB
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