SPONSORSHIP FORM

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| **Full Name:** |  |
| **Event:** |  |
| **Event Date:** |  |
| **Return Form Date:** |  |

The money you donate will make a massive difference to the work we do. Our three aims include:

1. Raising awareness of MND.
2. Supporting MND sufferers and their families.
3. Funding research for possible treatments and ultimately a cure for MND.

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| **Full name** | **Home address** | **Postcode** | **Gift Aid** | **Donation Amount** | **Date Paid** |
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| Image result for gift aidI have ticked the box headed Gift Aid as I understand that the Gift Aid will be collected by Darby Rimmer MND Foundation from the tax I pay for the current tax year and that Darby Rimmer MND Foundation will be able to claim 25p in for every £1.00 I have donated.Darby Rimmer MND Foundation will only use the information that you have provided to administer the donation we are claiming Gift Aid. | | | | | |

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