

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.

Full name	Home address	Postcode	Donation Amount	Date Paid

SPONSORSHIP FORM

Full name	Home address	Postcode	Gift Aid	Donation Amount	Date Paid

giftaid I 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.