

Sponsors

First name and surname(*)	Home address(*) <small>only required if you are gift aiding your donation, please don't use a work address here.</small>	Postcode(*)	Amount	Gift Aid (✓)	Date paid
JOHN EXAMPLE	EXAMPLE STREET, ANYTOWN, ANYWHERE	ABI 2CD	£20.00		01/06/17

**Excellence as
our standard**

* minimum information required to enable the charity to reclaim tax back on your donation.
 Please note - the personal details supplied on this form will be held for processing sponsorship and for inland revenue purposes only.
 Please make any cheques payable to: **North Tees + Hartlepool Together**. Address:
 University Hospital of North Tees, North Wing, Charitable Funds, Financial services,
 First Floor, Hardwick Road, TS19 8PE. Telephone: 01642 383571

Total donations received	
Total gift aid donations	
Date donations given to charity	