Thank you for sponsoring me!

Name:

is taking part in the following event:

on: (date/s)

can pay for someone's first call to our helpline to give £5

them access to the strength and support they need.

can provide 150 information packs with crucial advice about meningitis.

can pay for 2 hours of in-depth research into new and improved preventative vaccines.



giftaid it

If you pay UK tax* and tick the Gift Aid box, the Government will give Meningitis Now 25% on top of your donation. It won't cost you a penny. Remember: Full Name + Home Address + Postcode + ✓ = Gift Aid it

TITLE	FIRST NAME	SURNAME	HOUSE NAME OR NUMBER	HOME ADDRESS	TOWN	COUNTY	POSTCODE	AMOUNT PLEDGED	AMOUNT GIVEN	DATE GIVEN		
	Please don't put 'mum nicknames as your Gif		Essential for Gift Aid	This must be your home address and not your work ad work address, your Gift Aid won't count.	dress. If you only give pa	rt of your address or your	Essential for Gift Aid	Essential for Gift Aid	Essential for Gift Aid	Essential for Gift Aid	giftaid it	**Opt out of Meningitis Now mailings (please
Pleas	e don't put 'mum',	'dad' or nicknames in th	ne First Name box, a	s your Gift Aid won't count. Your address m	ust be your home	address. Please see the	example below	v for guidance				see note below)
Mr	Adam	Smith	123 X A	The Street	Stroud P	Goucestershire	GLI 2CD	£15 P	£15	13/02/2014		
											O	

**Opt out - Meningitis Now mailings: From time to time we would like to send you further information relating to Meningitis Now and our events. If you do not wish to receive such information, please tick the 'Opt Out' box in the table above. If you are under 16, please ask a parent or guardian to fill out this form for you.

Meningitis Now • Fern House • Bath Road • Stroud • Gloucestershire • GL5 3TJ • Tel: 01453 768000 • info@meningitisnow.org • www.MeningitisNow.org • Registered charity number 803016 (England & Wales) SC037790 (Scotland)



Thank you for helping me raise

money for Meningitis Now so they

can continue saving lives and rebuilding futures.

	FIRST NAME Please don't put 'mun nicknames as your Gif	ft Aid won't count.	HOUSE NAME OR NUMBER Essential for Gift Aid	HOME ADDRESS This must be your home address, work address, your Gift Aid won't	count.			POSTCODE Essential for Gift Aid	AMOUNT PLEDGED Essential for Gift Aid	AMOUNT GIVEN Essential for Gift Aid	DATE GIVEN Essential for Gift Aid	giftaid it	**Opt out of Meningitis Now mailings (pleas		
				s your Gift Aid won't count.							10 10 10 014		see note on page one)		
Mr	Adam	Smith	123 X A	The Street		Stroud	Goucestershin	e GLI 2CD	£25 P	£15	13/02/2014				
Details of person being sponsored						TOTAL DONATIONS: E									
Title Full name Address						All the money raised using this sponsor form can only be used to support the work of Meningitis Now. The money raised is in memory/celebration of:									
Town County Postcode						Please return all sponsor monies, together with these forms, to: Meningitis Now, Fern House, Bath Road, Stroud, Gloucestershire, GL5 3TJ						FOR OFFICE USE ONLY • Menningitis • Menningitis • Now 201 • • Appeal: Gift Aid amount: £ • Gift Aid amount: £			
*If I have ticked the box headed 'Giftaid it', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Meningitis Now to reclaim tax on the donation detailed									Appeal	Appeal:					
above, given on the date shown. I understand that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes, such as VAT and Council Tax, do not qualify and that Meningitis Now will reclaim 25p of tax on every £1 that I have given. I also confirm that this is my own personal donation.										Gift Aid amount: £					