Sponsorship Form

Name:.....

Event:.....

Full name	Home address including post code (only required for gift aid donations)	Date paid	Amount	Gift aid ✔
		/ /	£	
		/ /	£	
		/ /	£	

.....'s sponsorship form

LymeAid UK

Full name	Home address including post code (only required for gift aid donations)	Date paid	Amount	Gift aid ✔
		/ /	£	
		/ /	£	
		/ /	£	