



Sponsor Form – ‘The Kitty’, Liverpool Women’s Hospital

Name of participant

Gift Aid

(Make your donation worth 28% more. Please note, you must be a taxpayer paying more tax than the amount we reclaim in order for us to claim Gift Aid from your sponsorship)

Name	Address	Postcode <small>(essential for Gift Aid)</small>	Amount	Gift Aid <small>(please tick)</small>	Tick if Paid

(Continue sponsors on reverse if needed)

Total Raised _____

Please send your sponsorship form and fundraising total to: