



SPONSORSHIP FORM

Amazing things happen at Great Ormond Street Hospital every day

Your fundraising will help us to rebuild and refurbish the hospital, buy vital equipment and fund pioneering research. With your help we can make a real difference for our sick children and their families.

Title First name

Surname

Supporter number (if known)

Address

Postcode

Tel Mobile

Email

Name of event (essential)

Date of event (essential)

Why not go online and set up a fundraising page?

It's really easy to do and a simple way for you to collect sponsorship. Create your page at [justgiving.com/greatormondstreet/raisemoney](https://www.justgiving.com/greatormondstreet/raisemoney)

Add 25 per cent to your fundraising without paying a penny more

Help us maximise your fundraising by asking your sponsors if they are eligible to Gift Aid their donations. All they need to do is tick the box to confirm that they wish to do so.

By providing your details we will contact you by email, SMS, telephone and mail about your fundraising. We would also like to keep you up to date with charity news, fundraising, events, products from our shop and how your support is benefitting seriously ill children. Please indicate below how you would like us to contact you:

Telephone Emails Text messages



could help towards the cost of a piece of equipment called an **oesophageal doppler**, which accurately monitors blood flow during surgery and ensures that children receive the best care possible.



could cover the cost of **one night's stay in our family accommodation** so parents or carers can stay close by while their child is in hospital.



could cover the cost of one of our **Play team** for a whole day. The Play team design enjoyable activities to aid treatment and recovery, so that each child's experience of the hospital is as stress-free as possible.

Full name	Home address <small>Please fill in your full home address if you would like us to claim Gift Aid on your donation</small>	Postcode	Amount	Date collected	Gift Aid <small>Please read Gift Aid statement below</small>
Mr A. Example	1 Any Street, Anytown, Anywhere	AB1 2CD	£20.00	01/02/03	<input checked="" type="checkbox"/>



Please tick the Gift Aid box to confirm that you are a UK tax payer and would like Great Ormond Street Hospital Children's Charity to reclaim tax on the donations you have made in the last four years and any future gifts you make. If you pay less income tax and/or capital gains tax than the amount claimed on all your donations in that tax year (6th April – 5th April) it is your responsibility to pay any difference. If your circumstances change, such as your name, address or tax status then please notify us so that we can update our records.

