

Walk to d'feet MND on:

Walk Organiser:

Walk Name:



Please help Participant's Name Address **Postcode** to raise funds for people affected by MND by participating in

Sponsor Form

Motor Neurone Disease:

Please return to:

- · kills six people every day in the UK
- · leaves people unable to walk, talk or feed themselves
- · has no cure

The MND Association:

- provides care and support for people with MND and their carers
- · funds vital research into causes, treatments and a cure for MND
- · campaigns and raises awareness of MND

Increase your donation at no additional cost!

Thanks to the Gift Aid scheme, the MND Association can reclaim 25p for each £1 you give, increasing its value to £1.25 25p for each £1 you give, increasing its value to £1.25.



(date)

If I have ticked the column headed 'Gift Aid it \(\sqrt{'}, \) I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the MND Association to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/ Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations, it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please note we will be unable to claim gift aid unless you fill in one name only per line, first line of address, post code and tick the gift aid box...Thank you!

Full Name (BLOCK LETTERS)	To claim Gift Aid we need your HOME address (House name/number only)	Postcode	Tick here giftaid it	Pledge	Date Collected	No Mail [†]
Example MRS ANN SAMPLE	31	AC12 1HP	~	£10	01/01/11	

Please m	ake chequ	es payable to:
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The Motor Neurone Disease Association

Total Amount Raised	
Date donations given to the MND Association	



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Please make cheques navable to:		Total Amount	Daiaad			

The Motor Neurone Disease Association

Date donations given to the MND Association

REGULATOR