Archway Health HARBOROUGH TRIATHLON

SPONSORSHIP FORM

Name of Participant: _____

The Archway Health Harborough Triathlon takes place on Sunday 4th September at 1pm.

GIFT AID

Make your donation worth ____ % 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** (essential for Gift Aid)	**Amount**	**Gift Aid** (please tick)	**Tick if Paid**

Thank you for your help and contributions.