Southern Education and Library Board

SPONSORSHIP FORM

SELB Staff Project

Build A School in Africa

Build AFRICA

Name _____

Please read carefully before donating:
We who have given our names, addresses and ticked the box entitled 'Gift Aid' want the charity to reclaim tax on the donations detailed below, given on the date shown. We understand that each of us must pay Income Tax or Capital Gains Tax equal to the tax reclaimed by the charity on the donation.

Full Name and Home Address	Postcode	Amount Pledged	Amount Collected	Date Given	Gift Aid Please tick	
					YES	NO

Full Name and Address	Postcode	Amount Pledged	Amount Collected	Date Given	Gift Aid Please tick	
					YES	NO

THANK YOU FOR YOUR SUPPORT