Thank you for sponsoring me!

And helping me raise money for Meningitis Now, so they can continue saving lives and rebuilding futures.

Meningitis now

Details of person being sponsored

If you are under 16, please ask a parent or guardian to fill out this form for you.

Title **Full name**

Address

Town

County **Postcode**

is taking part in the following event:

on (date/s)

All the money raised using this sponsor form (net of authorised costs) can only be used to support the work of Meningitis Now.

The money raised is in memory/celebration of: _____

£5 could pay for 143 students to each receive a meningitis signs and symptoms card.

£32 could pay for one person to attend a session of our mental health courses.

£10 could pay for 2 initial calls to our nurse-led Helpline.

£50 could pay for one hour of professional counselling.

giftaid it

If you pay UK tax* and tick the Gift Aid box, the Government will give Meningitis Now 25% on top of your donation. It won't cost you a penny. Remember: Your FULL address is needed to identify you as a current UK taxpayer.

TITLE	FIRST NAME Please don't put 'mum', 'dad' or use nicknames as your Gift Aid won't count.	SURNAME	HOUSE NAME OR NUMBER Essential for Gift Aid	HOME ADDRESS This must be your home address and not your work address. If you only give part of your address or your work address, your Gift Aid won't count.	TOWN	COUNTY	POSTCODE Essential for Gift Aid	AMOUNT PLEDGED Essential for Gift Aid	AMOUNT GIVEN Essential for Gift Aid	DATE GIVEN Essential for Gift Aid	giftaid it
Please don't put 'mum', 'dad' or nicknames in the First Name box, as your Gift Aid won't count. Your address **must** be your home address. Please see the example below for guidance.											
Mr	Adam	Smith	123	The Street	Stroud	Gloucestershire	GL1 2CD	£25	£25	01/01/2025	✔

EXAMPLE EXAMPLE EXAMPLE EXAMPLE

* If I have ticked the box headed 'Giftaid it ', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Meningitis Now to reclaim tax on the donation detailed above/overleaf, given on the date shown. I understand that if I pay less Income Tax or 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 Meningitis Now will reclaim 25p of tax on every £1 that I have given.

TITLE	FIRST NAME Please don't put 'mum', 'dad' or use nicknames as your Gift Aid won't count.	SURNAME	HOUSE NAME OR NUMBER Essential for Gift Aid	HOME ADDRESS This must be your home address and not your work address. If you only give part of your address or your work address, your Gift Aid won't count.	TOWN	COUNTY	POSTCODE Essential for Gift Aid	AMOUNT PLEDGED Essential for Gift Aid	AMOUNT GIVEN Essential for Gift Aid	DATE GIVEN Essential for Gift Aid
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TOTAL DONATIONS: £

Date donations given to Meningitis Now:

Please return all sponsor monies, together with these forms, to:

Meningitis Now, Fern House, Bath Road, Stroud, Gloucestershire GL5 3TJ

Meningitis Now • Fern House • Bath Road • Stroud • Gloucestershire • GL5 3TJ • Tel: 01453 768000 • info@meningitisnow.org • www.MeningitisNow.org
Registered Charity Number 803016 (England & Wales) SC037790 (Scotland) • Company Registration Number 2469130.

Meningitis now

FOR OFFICE USE ONLY

SF ID: _____

PCS: _____

Gift Aid amount: £ _____

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