**PLACES OF WORSHIP VISITED OR MANNED**

To be completed by an official recorder/local organiser

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| Church/Chapel | Time | Initials |  | Church/Chapel | Time | Initials |
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**IMPORTANT: To be completed by Local Organiser**

**LOCAL ORGANISER**

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**NORTHAMPTONSHIRE HISTORIC CHURCHES TRUST**

Registered Charity No 1021632

**SPONSOR FORM**

**SATURDAY 13TH SEPTEMBER 2025**

10.00am to 6.00pm

**Name of First Participant (Capitals please)**

**TITLE FIRST NAME SURNAME**

**Address of First Participant (Capitals please)**

**HOUSE NAME/NUMBER POSTCODE**

Required for Gift Aid system – you do not need to be a taxpayer but any of your sponsors claiming Gift Aid must be taxpayers

Names of other participants

Names of any other participants

Name & Address of Church / Chapel to benefit:

Please make cheques payable to NHCT and return your

sponsor money and this form to your Local Organiser by the end of October if possible.

**Sponsorship and Gift Aid declaration form**

**I am sponsoring (name of participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**on the Ride and Stride in aid of Northamptonshire Historic Churches Trust (Registered Charity Number 1021632)**

If I have ticked the box headed ‘Gift Aid? Please tick”, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Northamptonshire Historic Churches Trust to reclaim tax on the donation detailed below, 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 the charity will reclaim 25p of tax on every £1 that I have given.

**Remember: You must provide your full name, home address, postcode & ‘****’ Gift Aid for the charity to claim tax back on your donation**

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| **Sponsor’s First Name & Surname**(essential for Gift Aid) | **Sponsor’s Home Address**(essential if you are gift aiding your donation) | **Postcode**(essential for Gift Aid) | **Donation****amount** | **Gift****Aid?****Please tick** | **Date of payment** |
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|  | **Total donations received** | £ |
|  | **Total Gift Aid donations** | £ |
|  | **Date donations given to NHCT** |  |

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| **Note to participants:** After the event please ensure that you return this form to your local organiser together with any money collected. The trustees of the Northamptonshire Historic Churches Trust accept no liability in respect of personal injury or damage sustained by any person in relation to the Ride and Stride, except where this is caused by the negligence of the trustees. Any horse riders taking part must have public liability insurance. If a participant wishes to have personal insurance he/she must make their own arrangements. |