

**Name of participant** ………………………………………………….

**Gift Aid:** *(Make your donation worth 20% 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)*

**Laps for Lupus**

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| Name | Address | Postcode (essential for Gift Aid) | Amount | **Gift Aid**  (please tick) | **Tick if Paid** |
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***Thank You for Your Help and Contributions***