

Linc'ing together to beat cancer



Name \_\_\_\_\_

Event \_\_\_\_\_

Address \_\_\_\_\_

# Sponsorship Form

Full Name (First Name and Surname)	Home Address (Post Code is essential for Gift Aid)	Amount Sponsored	Amount Paid	Gift Aid (please tick for yes)

**Please make sponsorship cheques payable to LINC**  
**THANK YOU FOR YOUR SUPPORT**