© CHF 2004

Patron : Sir Terry Wogan OBE

SPONSORSHIP FORM

Please sponsor this fundraising activity in aid of The Children's Hyperinsulinism Fund. Funds raised will be used for research into this rare condition and will help hundreds of children around the UK affected by this disorder. Thank you for your donation.

The Children's Hyperinsulinism Fund is a restricted fund to Great Ormond Street Hospital Children's Charity. Registered Charity No. 235825

Please sponsor _____

Address _____

For the following event _____

Use Gift Aid and make your donation worth more. For every £1 you give to Children's Hyperinsulinism Fund we get an extra 28 pence from the Inland Revenue. So just tick the box below. It's that simple. To qualify for Gift Aid what you pay in income tax or capital gains must at least equal the amount we will claim in the tax year.

Full Name	**Home Address (If you are a UK taxpayer and eligible for gift aid, please provide your full HOME address).**	**Amount Pledged**	**Gift Aid It** Please tick	**Enter date when payment received**

Total = £

Please send completed Sponsorship Forms with cheques made payable to 'GOSH Hyperinsulinism Fund Ref SH16' to:
Clare Gilbert, Level 10 Southwood Building, Great Ormond Street Hospital, London WC1N 3JH

CONTINUATION SPONSORSHIP FORM

Please sponsor this fundraising activity in aid of The Children's Hyperinsulinism Fund. Funds raised will be used for research into this rare condition and will help hundreds of children around the UK affected by this disorder. Thank you for your donation.

The Children's Hyperinsulinism Fund is a restricted fund to
Great Ormond Street Hospital Children's Charity. Registered Charity No. 235825

© CHF 2004

Patron : Sir Terry Wogan OBE

Use Gift Aid and make your donation worth more. For every £1 you give to Children's Hyperinsulinism Fund we get an extra 28 pence from the Inland Revenue. So just tick the box below. It's that simple. To qualify for Gift Aid what you pay in income tax or capital gains must at least equal the amount we will claim in the tax year.

Full Name	**Home Address (If you are a UK taxpayer and eligible for gift aid, please provide your full HOME address).**	**Amount Pledged**	**Gift Aid It** Please tick	**Enter date when payment received**

Total = £

Please send completed Sponsorship Forms with cheques made payable to
'GOSH Hyperinsulinism Fund Ref SH16' to:
Clare Gilbert, Level 10 Southwood Building, Great Ormond Street Hospital, London WC1N 3JH