South Essex Walk to d'Feet MND

Sponsorship Form

Please help:

Participant's Name: _____

Address: _____

_____

_____ Postcode _____

To raise funds for people affected by MND by participating in the **Southend Seafront** Walk to d'Feet MND.

There are over 5000 people in the UK living with Motor Neurone Disease (MND). It moves fast. It takes away time, it takes away independence and it has no cure. Every day we support people affected by MND. Nationally we fund ground-breaking research. We campaign for better care. We're here for everyone who needs us. Because with MND, every day matters.

Please return this form and funds collected by 31st July 2026 to:

Rowan Harvey
17 Goldsworthy Drive
Great Wakering
Essex SS3 0AU

Increase your donation at no additional cost!

giftaid it

Thanks to the Gift Aid scheme, the MND Association can reclaim 25p for each £1 you give, increasing its value to £1.25

If I have ticked the 'Gift Aid' box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the MND Association to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/Capital Gains Tax in the current 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.

Please note we will be unable to claim gift aid unless you fill in only one name per line, give first line of home address and post code, tick the gift aid box and show date collected ……..Thank you!

FULL NAME (BLOCK LETTERS)	I pay UK tax and I want to Gift Aid my donation **Tick if applicable**	**HOME** House Number & Street / House Name	**HOME** Postcode	Pledge	Date collected
example ***AMELIA GIVER***	☑	***29 WALKER ROAD***	***SS9 2XX***	***£xx***	***xx/x/xx***
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PLEASE MAKE CHEQUES PAYABLE TO: **MNDA South Essex Branch**