

Sponsorship Form

My name is	and I am raising funds in aid of the Transverse Myelit	is Soci	ety. The Transverse Myelitis Society
aims to enable people with a	and affected by Transverse Myelitis (TM) and related conditions, Acute Diss	emina	ted Encephalomyelitis (ADEM) and
Neuromyelitis Optica (NMO)	, to live fulfilling lives. I invite you to take part by sponsoring me for this eve	ent.	
I am taking part in	Name of event	on_	Date of event
This event is about	Description of event		
My sponsorship target is	f		
My address is			
Phone		_	
Email		_	
	Many thanks for your support!		



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If you are UK taxpayer, you can tick the Gift Aid column and TM Society will be able to claim an additional 25p per £1 from the government, at no cost to yourself. If you select this option, please be sure to include your full address. Please make cheques payable to the "Transverse Myelitis Society". Cheques can be posted to the Transverse Myelitis Society, 35 Avenue Road, Brentford, London TW8 9NS

First Name	Surname	Full Address (house number/name and street, city, county, postcode) Must include if you tick Yes for Gift Aid	Amount Pledged	Amount Paid	Date Received	Gift Aid? (Y/N)



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Many thanks for your support!