BOXER WELFARE SCOTLAND SPONSORSHIP FORM

Name of Participant: _____ Date of Event: _____

Event: _____

Name	Address	Tel no.	Amount	Paid	Gift Aid
			£		
			£		
			£		
			£		
			£		
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			£		
			£		
			£		
			£		
			£		
			£		

TOTAL: £ _____

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