Because every day matters
www.hospiscare.co.uk

Sponsorship Form

17TH MARCH 2018
MEN'S WALK
7 MILES | PINT | PASTY | RUGBY
www.menswalkexeter.co.uk

Hospiscare
Caring in the heart of Devon

Please sponsor me (name of participant) _____ **RE** _____ (office use)
Address _____
_____ **Postcode** _____
to (name of event) _____ **in aid of Hospiscare**

giftaid it

If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Hospiscare to reclaim tax on the donation detailed below, given on the dates shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. I understand that Hospiscare will reclaim 25p of tax on every £1 that I have given.
Remember: You must provide your full name, home address, postcode and '✓' Gift Aid for for Hospiscare to claim tax back on your donation.

Sponsor's Full Name (first name and surname)	Sponsor's Home Address Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.	Postcode	Donation Amount	Date Paid	Gift Aid? ✓

Hospiscare will not store your contact details on our database, nor will you be contacted by us. They will be used to claim the Gift Aid only.

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Sponsor's Full Name (first name and surname)	Sponsor's Home Address Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.	Postcode	Donation Amount	Date Paid	Gift Aid? ✓

Thank You!

Hospiscare will not store your contact details on our database, nor will you be contacted by us. They will be used to claim the Gift Aid only.

Hospiscare, Searle House, Dryden Road, Exeter EX2 5JJ
Contact us by calling **01392 688020**
or email **fundraising@hospiscare.co.uk**

Registered charity no. 297798

Total donations received: £ _____

Total Gift Aid donations: £ _____

Date donations given to Hospiscare: _____