North Devon Hospice

SPONSORSHIP FORM

Name:

Address:

Postcode:

Email:

Phone: Mobile:

GIFT AID YOUR DONATION:

Gift Aid allows us to **claim an extra 25p on every £1 you donate**. If your donation is eligible (see below), please ensure that all boxes are **completed in full** to allow us to claim Gift Aid on your donation.

Gift Aid: If I have ticked the box headed 'Gift Aid', I want Gift Aid to apply to my sponsorship donation. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Title	Initial	Surname	House name or number	Postcode	Date paid	Amount pledged (£)	Amount collected	Gift Aid
MR	A	SAMPLE	44	EX32 1PL	07/05	20.00	20.00	✓