

PLEASE PRINT First Name



Name:			
Address:			
Postcode:		Email:	
Phone:	Mobile:		

£50 could fund over a day of oxygen for all our patients on our bedded unit

£20 could fund one ϕf our specialist nurses to give an hour of vital care to a patient at home

£10 could pay for an hour of essential care by one of our Hospice to Home's multi-skilled assistants

Surname

Sponsorship Form

House name

or number

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.

> Aid $\sqrt{}$

Date

Paid

Donation

Amount

Postcode

Gift Filling in this form:



Write your name each sponsor must fill in their own details in their own handwriting.



Give your house name/number and postcode - we need this information for each sponsor to be able to claim Gift Aid. No work addresses please.



Tick the Gift Aid box - don't forget to Gift Aid your donation so we can claim 25% back from the Government on each donation.

Please send donations and completed forms to: Exmoor Extreme, North Devon Hospice, Deer Park, Newport,

Please make cheques payable to: 'North Devon Hospice'

Barnstaple, EX32 0HU

northdevonhospice.org.uk Registered Charity No. 286554

Fundraiser serial number:

Non Gift Aid eligible donations:

Total donations (£)

Gift Aid eligible donations:

Date donations received: