

event:	
Name:	
Address:	
	Postcode:
Email:	
DL	M. L.I.

## Sponsorship Form

44

## 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.

 $\sqrt{}$ 

Amount

collected

Amount

pledged (£)

## Initial Surname House name or number Postcode Date paid

ould fund over a day of oxygen for all our patients on our bedded uni

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

ould pay for an hour of essential care by one of our Hospice to Home'.

## 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:

North Devon Hospice, Deer Park, Newport, Barnstaple, EX32 0HU Please make cheques payable to 'North Devon Hospice'

northdevonhospice.org.uk Registered Charity No. 286554

Fundraiser serial number:

Non Gift Aid eligable donations:

Gift Aid eligable donations:

Total donations (£)

Date donations received: