Sponsorship form

Event:				 	 	 	M
Full na	ıme (in	block c	apitals):	 	 	 	
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Sponsor Form No.: (Office use only, to be completed by Hospice team)

.....

Are you part of a group or company raising money? Write you team/group/company name here:

Please complete using BLOCK CAPITALS and black ink

Full name Home address Postcode Total Date Gift Receive (don't forget to fill this in otherwise we can't claim Gift Aid) amount received Aid further info IP3 8LX £10 1 lane Smith I Any Street, Any town **Email address Email address** Email address Email address **Email address Email address Email address Email address Email address Email address**

Please photocopy this form as many times as you need.

Sub-total **£**

You can also set up an online sponsorship page at **www.justgiving.com/stelizabethhospice** and share your page once created with friends and family.

Boost your sponsorship by 25p of Gift Aid for every £1 you donate.

*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 St Elizabeth Hospice to reclaim tax on the donation detailed, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current year than theamount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand St Elizabeth Hospice will reclaim 25p of tax on every £1 that I have given. St Elizabeth Hospice improves life for people living with a progress illness. The Hospice is an independent charity which provides services free of charge. We rely on donations and fundraising to enable us to grow local Hospice care for local people.





YOUR INFORMATION

We would like to contact you with information about hospice news and events. Please tick here if you would like to receive updates.

GIFT AID

Please tick if you are a UK tax payer and would like us to reclaim the tax on your donation. It costs you nothing but earns us a lot! For details see* below.

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Sponsor Form No.:

Full name (in block capitals):

.....



GIFT AID Please tick if you are a UK tax payer and would like us to reclaim the tax on your donation. It costs you nothing but earns us a lot! For details see * on page 1

..... Please complete using BLOCK CAPITALS and black ink

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Full name	Home address (don't forget to fill this in otherwise we can't claim Gift Aid)	Postcode	Total amount	Date received	Gift Aid	Receive further info
Jane Smith	I Any Street, Any town	IP3 8LX	£IO		\checkmark	
Email address						
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Email address						
Email address						
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Your support is	really important to us - thank you.			Total	£	

Your support is really important to us - thank you.

Please complete the details below in BLOCK CAPITALS and return your form and sponsorship money to: Fundraising team, St Elizabeth Hospice, 565 Foxhall Road, Ipswich, IP3 8LX (Cheques made payable to St Elizabeth Hospice)

Mr/Mrs/Miss/Other	First	Last name						
Address								
Postcode	Telephone	Mobile						
Email								
Keeping in touch We will not be able to keep you informed about St Elizabeth Hospice without your permission. Please tick the boxes below so that we can continue to share information and ask for your help.								
Please send me mail Phone calls are OK Please send me emails Text (SMS) messages are OK								
0								
(parent/guardian if under 18)		You can change or withdraw your contact preference at any time by phoning 01473 723600 or emailing fundraising@stelizabethhospice.org.uk .						