Sponsorship form

Event:
Full name (in block capitals):
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:
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st Elizabeth East Coast Hospice
Rest Chartey N. Lo. 288154

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.

Please complete using BLOCK CAPITALS and black ink

riease complete						
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		✓	
Email address						
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Please photocopy this form as many times as you need.

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.

Sub-total

£

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.

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				East Coast Hospice	No 289154	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		
Please complete u	sing BLOCK CA	PITALS and	black in	k Res Chi		us a lot! For details s	ee * on page 1	
Full name	Home address (don't forget to fill this in o	otherwise we can't clair	m Gift Aid)	Postcode	Total	Date received	Gift Aid	Receive further info
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Your support is r	really important	to us - thanl	k you.			Total	£	
Please complete the c Fundraising team, St								Hospice)
Mr/Mrs/Miss/Other	ı	irst			Last name			
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Keeping in touch We will not be able to ke continue to share information.			e without y	our permission. Pl	ease tick tl	ne boxes below :	so that we ca	n
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Signed(parent/guardian if under		Yo	ou can char	ge or withdraw y one or emailing fund	our contac	ct preference at a	any time by p	