

# Sponsorship form



**Young adult hospice care**

Part of the St Elizabeth Hospice family  
Reg. Charity No. 289154

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 your team/group/company name here:

.....

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

## 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.

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	£10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
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Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						

Please photocopy this form as many times as you need.

You can also set up an online sponsorship page at [www.justgiving.com/stelizabethhospice](http://www.justgiving.com/stelizabethhospice) and share your page once created with friends and family.

Sub-total

£

## 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 the amount 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 progressive and life-limiting illnesses in East Suffolk, Great Yarmouth & Waveney. 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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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	1 Any Street, Any town	IP3 8LX	£10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
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Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						
					<input type="checkbox"/>	<input type="checkbox"/>
Email address						

Your support is really important to us - thank you.

**Total**

**£**

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					
<b>Keeping in touch</b>					
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	<input type="checkbox"/>	Phone calls are OK	<input type="checkbox"/>	Please send me emails	<input type="checkbox"/>
				Text (SMS) messages are OK	<input type="checkbox"/>
Signed .....					
Date .....		Total amount collected £ .....			
(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.					