St Michael's Hospice sponsorship form



Home address	
	Postcode
Event name	Date of event

Please tick Gift Aid and increase your donation giftaid it

by 25p for every £1 you donate at no extra cost to you.

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Michael's Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

£

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Full name Each sponsor must fill in their own details.	Home address (Only needed if you are Gift Aiding your donation.)		Postcode	Tick to Gift Aid	Donation	Date paid
Mr DAVID BEST	SHIRE ROAD, HEREFORD		HR1 Z75	\checkmark	£ 20.00	01.01.23
hank you for fundraising for St Michael's Hospice. Every	penny you raise will	Total donations received			£	

I hank you for fundraising for St Michael's Hospice. Every penny you raise wi help towards caring for patients and their families at a time when they need it most. We will not pass your details onto other charities or third parties. Registered charity No. 511179





Total Gift Aid donations