St Michael's Hospice sponsorship form

Please sponsor me (name) _____

Home address _____

_____

Postcode _____

Event name _____ Date of event _____

For us to claim Gift Aid each donor must fill in their own details and donation amount on the form below. Please make cheques payable to St Michael's Hospice.

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.

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	✓	£ 20.00	01.01.23

Total donations received	£
Total Gift Aid donations	£

Thank you for fundraising for St Michael's Hospice. Every penny you raise will 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

St Michael's Hospice

Registered with FUNDRAISING REGULATOR