The Paint Runner and Foam Zone

Saturday 15th June, 2019

St Michael's Hospice **sponsorship form**

Please sponsor me (name) _____

Home address _____

_____

_____

Postcode _____

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 giftaid it
and increase your donation 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 of sponsor Each sponsor must fill in their own details. First name and surname.	**House no.**	**Home address** Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.	**Full postcode** Full postcode needed to enable us to claim Gift Aid.	**Gift Aid** Please tick	**Donation amount**	**Date paid** Needed to claim Gift Aid.
Mr DAVID BEST	32	SHIRE ROAD, HEREFORD	HR2 0TY	✓	£20.00	01/01/19

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 sell or swap your details with other charities or third parties. *Charity No. 511179*

Registered with FUNDRAISING REGULATOR

Total donations received	£
Total Gift Aid donations	£
Date donations given to St Michael's Hospice	