

# 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 by 25p for every £1 you donate at no extra cost to you.** *giftaid it*

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.

<b>Full name of sponsor</b> <small>Each sponsor must fill in their own details. First name and surname.</small>	<b>House no.</b>	<b>Home address</b> <small>Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.</small>	<b>Full postcode</b> <small>Full postcode needed to enable us to claim Gift Aid.</small>	<b>Gift Aid</b> <small>Please tick</small>	<b>Donation amount</b>	<b>Date paid</b> <small>Needed to claim Gift Aid.</small>
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*



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