



Sponsorship Form

giftaid it

Add 25 per cent to your fundraising without paying a penny more !
Help us maximise your fundraising by asking your sponsors if they are eligible to Gift Aid their donations. All they need to do is tick the box to confirm that they wish to do so .

St Peter &
St James
HOSPICE &
CONTINUING
CARE CENTRE


Title: Address: Name of Event:.....
Postcode:
First Name: Telephone:..... Date of Event:
Surname: Email:

Internal Use Only

Date of Gift:

Total RE Gift Amount:

Total RE Gift Aid Amount:

Full Name	Full Address	Postcode	Amount	Date Collected	Gift Aid please tick here 	Keep In Touch? (please tick here if you would like to hear more from us through email or post)

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 the charity named above 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.