

Sponsorship Form



children's hospice
SOUTH WEST

Title: Forename(s):

Surname:

Home address:

Postcode: Tel no:

By providing us with your email address, you consent to receive emails about the work of Children's Hospice South West and how you can get involved.

Email:

Team name:

Tick if your employer offers a matched giving scheme to match the amount you raise

Your employer's name:

Your details will be held on our database. If you are over the age of 16, we may wish to contact you from time to time by post to keep you updated about the work of Children's Hospice South West and how you can get involved. If you do not wish to be contacted by post please tick this box If you would like to update your contact preferences please call 01271 325 270 or visit www.chsw.org.uk/preferences All the data we hold is gathered and managed in strict accordance with the Data Protection Act (1998). We will not disclose any information supplied by you to any third party organisations.

Event name and date:



RUNNING

I pledge to raise
£
to help short and precious
lives in the South West

giftaid it **Full name + home address + postcode + ✓ = Gift Aid**

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 Children's Hospice South West to reclaim tax on the donations 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 that the charity will reclaim 25p of tax on every £1 that I have given.

Full Name (First name and surname)	Home Address Not your work address (this is essential for Gift Aid)	Postcode	£s Pledged	£s Received	Date Given	Gift Aid
Mr John Smith	37 Lavender Close, Brighton, East Sussex	BNI 3SR	£20	£20	14/01/16	✓

