

# Please sponsor me

Title:  Full first name:

Surname:

Home address:

Postcode:  Tel no:

Email:

Team name:

My employer offers a matched giving scheme to match the amount I raise

Your employer's name:



**moonlight  
memory walk**

Saturday 5 October 2024

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

We take your privacy seriously. We will store your details securely on our database(s) and we will only use your personal information to provide the services you have requested from us. We will never share your details with third parties for marketing purposes without your prior explicit consent. For more information, please see our Privacy Policy [www.chsw.org.uk/privacy](http://www.chsw.org.uk/privacy) or call 01271 325 270



Thank you for your sponsorship, if you would prefer not to receive an acknowledgement, please tick here

*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	14/01/2024	✓



