

# Please sponsor me

Title:	Full first name:
Surname:	
Home address:	
Postcode:	Tel no:
Email:	
Team name:	
<input type="checkbox"/> My employer offers a matched giving scheme to match the amount I raise	
Your employer's name:	



**moonlight  
memory walk**


**Saturday 4 October 2025  
Cleveland**

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

We take your privacy seriously. For full details about how we store, protect, share and use your personal data, please see our Privacy Policy [www.chsw.org.uk/privacy](http://www.chsw.org.uk/privacy)

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





**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	14/01/2025	✓



## Moonlight Memory Walk continuation sheet



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