## Please sponsor me



Title:	Full first name:		
Surname:			Run for Children's Hospice South West  Bath Half
Home address:			
			Running for Bath's local children's hospice
Postcode:		Tel no:	March 2026
Email:			I pledge to raise
Team name:		£	
My employer of	ffers a matched giving so	to help short and precious	
Your employer's	name:	lives across the South West	
and use your person	onal data, please see ou	tails about how we store, protect, share r Privacy Policy www.chsw.org.uk/privacy buld prefer not to receive an	Registered with FUNDRAISING REGULATOR

# 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	14/01/2025	<b>✓</b>



## Please sponsor me



Bath Half 2026 continuation sheet

# 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	14/01/2025	<b>✓</b>

#### Return your sponsor money using an option below and complete the details to the right:

- © Return your sponsor forms and cash or cheque, made payable to 'Children's Hospice South West,' to your local hospice or the head office (please do not send cash or coins in the post):
  Little Bridge House (head office), Redlands Road, Fremington, Barnstaple, Devon EX31 2PZ
  Charlton Farm, Charlton Drive, Wraxall, North Somerset BS48 1PE
  Little Harbour, Porthpean Road, Porthpean, St Austell, Cornwall PL26 6AZ
- Visit www.chsw.org.uk/donate and use our online form. Please remember to post your sponsor forms to us so if your sponsors have ticked the Gift Aid box we will be able to claim an extra 25p for every £1 you raise!

Date paid/sent:		
Amount paid/sent: <b>£</b>		
Please indicate how you paid		
☐ Post ☐ CHSW website		
☐ Local hospice		

Published date: 06 May 2025