

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:

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

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



Plymouth
Half

May 2026

I pledge to raise
£
to help short and precious
lives across 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	BN1 3SR	£20	£20	14/01/2026	✓

Plymouth Half continuation sheet



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.

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