Please sponsor me



Title:	Full first name:		
Surname:			
Home address:			RUN Barnstaple
Postcode:		Tel no:	Final mile September 2025
Email:			I pledge to raise
Team name:			£
My employer offers a matched giving scheme to match the amount I raise			to help short and precious
Your employer's name:			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 Thank you for your sponsorship, if you would prefer not to receive an acknowledgement, please tick here			FR Registered with FUNDRAISING REGULATOR

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	\checkmark





Please sponsor me



RUN Barnstaple final mile 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	<

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

Sisit 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: **f**

 Please indicate how you paid

 Post
 CHSW website

 Local hospice

Published date: 12 March 2025