## Please sponsor me



REGULATOR

Title:	Full first name:				N. C.		
Surname:						coin bou	
Home address:						rainbow	77
Postcode:		Tel no:			i gar	Newquay June 2019	
Email:				•	I ple	dge to ro	xise ·
Team name:					£	• • • • • • • • • • • •	• • • •
☐ My employer of	fers a matched giving s	scheme to match the an	nount I raise			short and pred	
Your employer's I	name:				lives ac	cross the South	West
		tore your details secure	•			Register	ed with

### Full name + home address + postcode + = Gift Aid

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

We will never share your details with third parties for marketing purposes. For more information,

please see our Privacy Policy at www.chsw.org.uk/privacy or call 01271 325 270.

giftaid it

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	14/01/17	<b>✓</b>

## Please sponsor me



Rainbow Run, Newquay continuation sheet

# giftaid it

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

- Send your sponsor forms and a cheque, made payable to 'Children's Hospice South West' to: Little Harbour, Porthpean Road, Porthpean, St Austell, Cornwall PL26 6AZ. Alternatively bring your sponsor forms and cash/cheque to your local hospice. We ask that you don't bring your sponsorship money on the day.
- 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: £				
Please indicate how you paid				
☐ Post	☐ Hospice			