Please sponsor me



Title:	Full first name:						
Surname:					rain	MOGN	
Home address:						אוכ	
Postcode:		Tel no:			Saturday 2 Westpo	0 June 20 int, Exete	
Email:				I	pledge	e to ra	ise
Team name:				£			
☐ My employer offers a matched giving scheme to match the amount I raise			9		help shor		
Your employer's	name:			liv	es across	the South	West
will only use your We will never shar	personal information to e your details with third	ore your details securely on our deprovide the services you have redeparties for marketing purposes. In worg.uk/privacy or call 01271 32	quested from For more in	n us.	on,	Registere FUND REGU	d with RAISING ILATOR

giftaid it

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

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	14/01/20	✓

Please sponsor me



Rainbow Run 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	BN1 3SR	£20	£20	14/01/20	\

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 Bridge House, Redlands Road, Fremington, Barnstaple, Devon EX31 2PZ. Alternatively bring your sponsor forms and cash/cheque to your local hospice. We ask that you don't bring your sponsorship money to the event.
- 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/ser	nt: £
Please indicate h	ow you paid
Please indicate h ☐ Post	ow you paid ☐ Hospice