Please sponsor me



REGULATOR

Title:	Full first name:		Dlymauth
Surname:			Plymouth
Home address:			Half
			Running for Plymouth's local children's hospice
Postcode:		Tel no:	Sunday 28 April 2024
Email:			I pledge to raise
Team name:			£
My employer o	ffers a matched giving s	cheme to match the amount I raise	to help short and precious
Your employer's	name:		lives across the South West
and we will only u	se your personal inform	tore your details securely on our database nation to provide the services you have our details with third parties for marketin	Registered with

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

purposes without your prior explicit consent. For more information, please see our

Privacy Policy www.chsw.org.uk/privacy or call 01271 325 270

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	14/01/2023	/

Please sponsor me



Plymouth Half 2024 continuation sheet

giftaid it

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Home Address Not your work address (this is essential for Gift Aid)	Postcode	£s Pledged	£s Received	Date Given	Gift Aid
37 Lavender Close, Brighton, East Sussex	BNI 3SR	£20	£20	14/01/2023	✓
	Not your work address (this is essential for Gift Aid)	Not your work address (this is essential for Gift Aid)	Not your work address (this is essential for Gift Aid) Postcode Pledged	Not your work address (this is essential for Gift Aid) Postcode Pledged Received	Not your work address (this is essential for Gift Aid) Postcode Pledged Received Date Given

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/sent: £	
Please indicate how y	ou paid
Please indicate how y ☐ Post	ou paid ☐ Hospice