

Sponsorship form



children's hospice
SOUTH WEST

Title: Forename(s):

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:

Event name and date:

I pledge to raise
£
to help short and precious
lives across the South West

We take your privacy seriously. We will store your details securely on our database(s) and we will only use your personal information to provide the services you have requested from us. 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 **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	14/01/17	✓



