### Please sponsor me



			S 0 18 1	DOMESTIC STATE
Title:	Full first name:			
Surname:			rainbow	
Home address:				ION
				Sunday 21 June 2020
Postcode:		Tel no:		RAF St Mawgan, Newquay
Email:				I pledge to raise
Team name:				£
☐ My employer of	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
will only use your We will never shar	personal information to re your details with third	ore your details securely on our data provide the services you have requi- d parties for marketing purposes. For	ested fron or more inf	n us.

## 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	<b>/</b>



## Please sponsor me



Rainbow Run 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 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: <b>£</b>			
Please indicate how you paid  ☐ Post ☐ Hospice ☐ CHSW website			