Please sponsor me



Title: Full firs	t name:							
Last name:								
Home address:					S		LVE /	
Postcode:		Tel no:				anporth /	Airfield	
Email:	address: inde: Tel no: mame: mployer offers a matched giving scheme to match the amount I raise mployer's name: e your privacy seriously. We will store your details securely on our data will only use your personal information to provide the services you have ef rom us. We will never share your details with third parties for mark es without your prior explicit consent. For more information, please see Policy www.chsw.org.uk/privacy or call 01271 325 270 rou for your sponsorship, if you would prefer not to receive an acknowled mme + home address + postcode + ✓ = Gift Aid If I have ticked the box headed 'Gift Aid' If 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. me Home Address				Jump date:	dae te	o raise	
Team name:					£			
My employer offers a ma	atched giving so	cheme to match the amount I raise	è				precious	
Your employer's name:					lives ac	cross the S	outh West	
requested from us. We will purposes without your prio Privacy Policy www.chsw.c	never share yc r explicit conse org.uk/privacy	our details with third parties for m ent. For more information, please or call 01271 325 270	arket see o	our	Delease tick I		d with RAISING LATOR	
giftaid it s giftaid it s if	I have ticked t hat I am a UK II ave read this st outh West to r elow, given on I pay less Inco urrent tax year n all of my don ny difference. I	the box headed 'Gift Aid' I confir noome or Capital Gains taxpayer. I tatement and want Children's Hosp eclaim tax on the donations detailed the date shown. I understand that me Tax/or Capital Gains tax in the than the amount of Gift Aid claimed ations it is my responsibility to pay understand that the charity will	oice ed	connect qualify t cost of t raised g • A wift • A bro • The w • A con under	ted to the pa for Gift Aid i the event so oes to the c e, husband ther, sister, vife, husban npany unde r control of	articipant, th if the particip that all the s harity. A 'cor or civil partn parent or gra d or civil par r the control connected p	andchild tner of a relat of the donor,	full ioney n' is: tive or
Full Name (First name and surname)			F	ostcode	£s Pledged	£s Received	Date Given	Gift Aid
Mr John Smith	37 Lavender	Close, Brighton, East Sussex	ī	BNI 3SR	£20	£20	14/01/2023	\





Please sponsor me



Skydive Perranporth continuation sheet

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. We are unable to claim Gift Aid if a sponsor is connected to the participant, their donations only qualify for Gift Aid if the participant pays the full cost of the event so that all the sponsorship money raised goes to the charity. A 'connected person' is:

- A wife, husband or civil partner
- A brother, sister, parent or grandchild
- The wife, husband or civil partner of a relative
 A company under the control of the donor, or under control of connected persons

Do not tick the Gift Aid box if the above applies.

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	\checkmark

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 on 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:

Post

Amount paid/sent: 🗜

CHSW website

Please indicate how you paid

Hospice

Published date: 05/06/2023