



# Sponsorship form

Name of event:

Date of event:

In memory of: Relationship to you:

Full name:

Names of team members:

Home address:

Postcode:

Telephone:

Mobile:

Email:

Are you also raising money via [justgiving.com](http://justgiving.com) or [virginmoneygiving.com](http://virginmoneygiving.com)? Yes  No

Please keep this form safe. We will need you to return it to us to claim Gift Aid. We promise not to add any of your sponsors personal details to our database.

Please send your completed form and the money you have raised to:

**St Peter's Hospice**  
**Block C, Estune Business Park**  
**Wild Country Lane**  
**Long Ashton**  
**Bristol BS41 9FH**

If you have any queries please telephone **01275 391 400**

For more information about our work visit our website [www.stpetershospice.org](http://www.stpetershospice.org) or find us on Facebook [www.facebook.com/stpetershospice](http://www.facebook.com/stpetershospice)

Amount of sponsorship money I'm sending with this form:	£
---	---

Date donations given or sent to St Peter's Hospice:	
---	--

**Please don't forget to Gift Aid - you'll help us raise an extra 25%**



**Sponsors – please read:** If I have ticked the box headed 'Gift Aid it ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Peter's Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and/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 the charity will reclaim 25p of tax on every £1 I have given.



**\*All fields must be completed in full in order for us as shown below in order for us to claim Gift Aid**

Gift Aid it ✓	Postcode	Title	Forename	Surname	House name or number	Amount £	Date paid
<input checked="" type="checkbox"/>	<i>AB1 2CD</i>	<i>MR</i>	<i>ALAN</i>	<i>SAMPLE</i>	<i>1</i>	<i>£20</i>	<i>DD/MM/YY</i>
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<b>Don't forget to Gift Aid your sponsorship</b>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
						<b>Subtotal</b>	

**Sponsors – please read:** If I have ticked the box headed 'Gift Aid it ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Peter's Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and/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 the charity will reclaim 25p of tax on every £1 I have given.



**\*All fields must be completed in full in order for us as shown below in order for us to claim Gift Aid**

Gift Aid it ✓	Postcode	Title	Forename	Surname	House name or number	Amount £	Date paid
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<b>Don't forget to Gift Aid your sponsorship</b>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
					<b>Subtotal</b>		

**Sponsors - please read:** If I have ticked the box headed 'Gift Aid it ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Peter's Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and/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 the charity will reclaim 25p of tax on every £1 I have given.



**\*All fields must be completed in full in order for us as shown below in order for us to claim Gift Aid**

Gift Aid it ✓	Postcode	Title	Forename	Surname	House name or number	Amount £	Date paid
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Don't forget to Gift Aid your sponsorship

<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Subtotal