SPONSORSHIP FORM

You're taking part in Blackpool Colour Run, raising sponsorship for your local hospice, which funds vital care for people of the Fylde coast.

			1023			
Γitle:	Full name:	REF:				
Address:		Postcode:				
am taking part in:	Blackpool Colour Run 2023		00.07.23			

SPONSORS - YOU MAKE A HUGE DIFFERENCE IN HELPING US TO CARE:

TO CLAIM GIFT AID IT IS ESSENTIAL THAT YOUR HOUSE NUMBER AND POSTCODE ARE INCLUDED BELOW.

£5 IS ENOUGH TO ALLOW US TO PLAN CLINICS SUPPORTING PATIENTS BACK INTO WORK

£15 COULD PROVIDE COMPLEMENTARY THERAPY TO A PATIENT LOVED ONE

£30 HALF

COULD PAY FOR MORE THAN HALF AN HOUR OF SPECIALIS NURSING CARE FOR A PATIENT IN THE HOSPICE

HELP US MAKE THE MOST OF YOUR DONATION

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years, to Trinity Hospice & Palliative Care Services.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Trinity Hospice will claim 25p on every £1 donated.

BLACKPOOL

61 10							
TITLE	FULL NAME	FULL HOME ADDRESS (PLEASE USE BLOCK CAPITALS)	POSTCODE	AMOUNT SPONSORED	GIFT AID	COLLECTED	DATE COLLECTED
MR/MRS	FIRST NAME, SURNAME	A HOUSE, STREET, TOWN	AB1 2CD	£?		~	DD/MM/YY

THE PERSON NAMED ABOVE IS TAKING PART IN A SPONSORED EVENT TO RAISE MONEY FOR TRINITY HOSPICE. THANK YOU FOR SPONSORING THEM, WITH YOUR SUPPORT, THE HOSPICE WILL CONTINUE TO PROVIDE COMPASSIONATE CARE FREE OF CHARGE TO ALL WHO NEED IT.

OF YOUR DONATION

HELP US MAKE THE MOST

I want to Gift Aid my donation and any donations I make in the future or have made in the past4 years, to Trinity Hospice & Palliative Care Services. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Trinity Hospice will claim 25p on every £1 donated.



TITLE	FULL NAME	FULL HOME ADDRESS (PLEASE USE BLOCK CAPITALS)	POSTCODE	AMOUNT SPONSORED	GIFT AID	COLLECTED	DATE COLLECTED
MR/MRS	FIRST NAME, SURNAME	A HOUSE, STREET, TOWN	A81 20D	£7	~	V	DD/MM/YY





ONCE YOU HAVE COLLECTED ALL YOUR SPONSORSHIP PLEASE SEND IT TOGETHER WITH ALL SPONSOR FORMS TO TRINITY HOSPICE, LOW MOOR ROAD, BISPHAM FY2 0BG

CHEQUES SHOULD BE MADE PAYABLE TO TRINITY HOSPICE

GIFT AID REMINDER

PLEASE MAKE SURE YOUR SPONSORS FILL IN THEIR FULL NAME, HOME ADDRESS, POSTCODE AND TICK THE GIFT AID BOX. PLEASE SEND YOUR FORM BACK WITH YOUR MONEY SO WE CAN CLAIM THESE EXTRA VALUABLE FUNDS.

Registered Charity No 511009

