

# **SPONSORSHIP FORM**

You're taking part in Blackpool Memory Walk and raising sponsorship for your local hospice, providing vital care to people on the Fylde coast.



Title:	Full name:	REF:
Address:		Postcode:
	•	

### I am taking part in: Blackpool Memory Walk 2023

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

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



#### 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.

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	£?	$\checkmark$	$\checkmark$	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.

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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