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.

for your local hospice, which funds vital care for people of the Fylde coast.			KUN 2024
Title:	Full name:	REF:	
Address:		Postcode:	13 07 24
I am taking part in	ı: Blackpool Colour Run 2024		13.07.24

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.

COULD PROVIDE A DELICIOUS MEAL TO TEMPT A POORLY PATIENT TO EAT

£10 COULD PAY FOR AN ANTI-MRSA PILLOW

£30 PAYS FOR ONE HOURS CARE FOR A NURSE ON THE IN-PATIENT UNIT

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

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

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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 OBG

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

