You are taking part in the Beaverbrooks Bike Ride PLEASE RAISE SPONSORSHIP & HELP TO RAISE VITAL FUNDS FOR TRINITY HOSPICE



Beaverbrooks

Title:	Full name:	REF:	
Address:		Postcode:	

I am taking part in: **BEAVERBROOKS BIKE RIDE 2025**

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

Being a brilliant sponsor you'll help us to continue to care...



POORLY **£10** PAYS FOR AN ANTI-MRSA PILLOW



PAYS FOR 2 HOURS OF PHYSIOTHERAPY TO IMPROVE A PATIENT COMFORT

HELP US MAKE THE MOST OF YOUR DONATION giftaid it

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	£?			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, YOUR SUPPORT WILL HELP ENSURE THAT TRINITY CONTINUES 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