BLACKPOOL NIGHT RUN SPONSORSHIP FORM

Γitle:	Full name:	REF:			
Address:		Postcode:			
am taking part in:	Night Run - supporting Trinity Hospice	Date: 27th August 2025			



By being a brilliant sponsor you'll help Trinity to continue to care

provides a nutritious meal to tempt a poorly patient to eat

provides an anti-MRSA pillow

£20 pays for an inpatient nurse for 1 hour

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.

To claim Gift Aid it is essential that your house number and postcode are included below...

Title	Full name	Full home address (Please use block capitals)	Postcode	Amount sponsored	Gift aid	Collected	Date collected
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Thank you for taking part and supporting your local hospice

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