

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.



Title: _____ Full name: _____ REF: _____
Address: _____ Postcode: _____
I am taking part in: Blackpool Colour Run 2025

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:

£3 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

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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, WITH YOUR SUPPORT, THE HOSPICE WILL CONTINUE TO PROVIDE COMPASSIONATE CARE FREE OF CHARGE TO ALL WHO NEED IT.

