

# SPONSOR FORM



Title: \_\_\_\_\_ Full name: \_\_\_\_\_ REF: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

I am taking part in: \_\_\_\_\_

Date: \_\_\_\_\_

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:**

- £5** IS ENOUGH TO ALLOW US TO PLAN CLINICS SUPPORTING PATIENTS BACK INTO WORK AND FITNESS
- £15** COULD PROVIDE COMPLEMENTARY THERAPY TO A PATIENT'S LOVED ONE
- £30** COULD PAY FOR MORE THAN HALF AN HOUR OF SPECIALIST NURSING CARE FOR A PATIENT IN THE HOSPICE

**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 above is taking part in a sponsored event to raise money for Trinity Hospice. Thank you for sponsoring them, your sponsorship will help ensure the hospice continues to provide compassionate care free of charge to all who need it.