## Santa Dash sponsor form

Brian	House				
Children's Hospice					

Title:	Full name:	REF:
Address:		Postcode:
I am taking part in:	Santa Dash 2025 - supporting Brian House Children's Hospice	Date:
By being a bri	lliant sponsor you'll help Brian House to care	HELD HE MAKE THE

provides a 10 minute call at 2am with a parent of a sick child

who needs to talk

pays for books to help children cope with the loss of a loved one

£30

provides 2 hours of therapeutic play for a very poorly child 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.

giftaid it

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
MR/MRS	FIRST NAME, SURNAME	A HOUSE, STREET, TOWN	AB1 2CD	£?	<b>/</b>	<b>/</b>	DD/MM/YY
					<b>\</b>		
					<b>/</b>		
					<b>\</b>		
					<b>\</b>	<b>/</b>	
					<b>/</b>	<b>/</b>	
					<b>\</b>	<b>/</b>	
					<b>/</b>	<b>/</b>	
					<b>/</b>		
					<b>/</b>		
					<b>\</b>		
					<b>/</b>	<b>/</b>	
					<b>/</b>		
					<b>/</b>		
					<b>/</b>		
					<b>\</b>		
					<b>/</b>	<b>/</b>	



## 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.



Full name	Full home address (Please use block capitals)	Postcode	Amount sponsored	Gift aid	Collected	Date collected
FIRST NAME, SURNAMEA	HOUSE, STREET, TOWN	AB1 2CD	£?	<b>\</b>	<b>/</b>	DD/MM/YY
				<b>\</b>		
				<b>\</b>	<b>/</b>	
				<b>\</b>		
				<b>\</b>	<b>/</b>	
				<b>\</b>	<b>/</b>	
				<u> </u>		
				<b>/</b>		
					<b></b>	
					<b></b>	
					<u></u>	
				<b>/</b>		
					FIRST NAME, SURNAMEA HOUSE, STREET, TOWN AB1 2CD £?	FIRST NAME, SURNAMEA HOUSE, STREET, TOWN AB12CD £?



Thank you for taking part and supporting your local children's hospice



