

You are taking part in the Beaverbrooks Bike Ride

PLEASE RAISE SPONSORSHIP & HELP TO RAISE VITAL FUNDS **FOR TRINITY HOSPICE**

Title: _____ Full name: _____

REF:

Address:

Postcode:

I am taking part in: **BEAVERBROOKS BIKE RIDE 2026**

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...

£3 PROVIDES A NUTRITIOUS
MEAL TO TEMPT A POORLY
PATIENT TO EAT

£10 PAYS FOR AN
ANTI-MRSA PILLOW

£30 PAYS FOR 2 HOURS OF
PHYSIOTHERAPY TO IMPROVE
A PATIENT COMFORT

HELP US MAKE THE MOST OF YOUR DONATION

gift aid 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.

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

