

Sponsor Form

St Clare Hospice



I am raising money for St Clare Hospice;

- £20 could pay for a complementary therapy assessment and aromatherapy treatment session
- £50 could pay for essential clinical supplies for 10 patients for one day
- £75 could pay for our 24 hour advice line, offering advice and support to families for one day
- £90 could pay for a Clinical Nurse Specialist to visit a patient at home
- £200 could pay for a home visit by one of our specialist doctors

For office use only
RE: _____
Total received: _____
Gift Aid: _____
Date: _____

I am taking part in (challenge name);
On:

Personal details	
Title _____	First name _____ Surname _____
Address _____	

_____	Postcode _____
Tel number _____	Mobile number _____
Email address _____	Date of birth _____

Gift Aid	
<p>Please make every pound you give worth an extra 25% to St Clare Hospice, at no extra cost to you, by ticking yes to the below Gift Aid declaration.</p> <p style="text-align: right;"><i>giftaid it</i></p> <p><input type="checkbox"/> YES - I am a UK Income Tax or Capital Gains tax payer and I want St Clare Hospice to reclaim 25p tax for every £1 I donate through Gift Aid. If I pay less Income Tax/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations, I understand that it is my responsibility to pay any difference. My home address identifies me as a current UK tax payer. I want St Clare Hospice to treat all gifts of money I've made in the past four years, and all future gifts of money that I make from the date of this declaration as Gift Aid donations. I will notify St Clare Hospice if I change my name, home address, no longer pay sufficient tax or simply wish to cancel this declaration.</p> <p><input type="checkbox"/> NO, please tick here if you do not wish St Clare Hospice to claim Gift Aid on your donations.</p>	

Name			Gift Aid	Home address <small>Gift Aid cannot be claimed from a business address</small>		Donation amount	Date donation received
Name	Initial/first name	Surname	Y/N	House name/number	Postcode	Yes! I want to sponsor my friend	
Mr	John	Example	Y	24	CM17 1AB	£50	01/01/17
*Please tick here if you are happy to receive our:				<input checked="" type="checkbox"/> Post	<input checked="" type="checkbox"/> Emails	<input checked="" type="checkbox"/> Texts	<input checked="" type="checkbox"/> Calls
Email address: john.example@example.com							
Telephone no.: 01992 111222					Mobile no.: 07777 111 222		

*Please tick here if you are happy to receive our:				<input type="checkbox"/> Post	<input type="checkbox"/> Emails	<input type="checkbox"/> Texts	<input type="checkbox"/> Calls
Email address:							
Telephone no.:					Mobile no.:		

*Please tick here if you are happy to receive our:				<input type="checkbox"/> Post	<input type="checkbox"/> Emails	<input type="checkbox"/> Texts	<input type="checkbox"/> Calls
Email address:							
Telephone no.:					Mobile no.:		

*Please tick here if you are happy to receive our:				<input type="checkbox"/> Post	<input type="checkbox"/> Emails	<input type="checkbox"/> Texts	<input type="checkbox"/> Calls
Email address:							
Telephone no.:					Mobile no.:		

* We'd love to keep you posted on how your support can make a difference to local families and the exciting ways you can support us in the future by contacting you from time to time with updates about our care, fundraising activities and events.

Name			Gift Aid	Home address <small>Gift Aid cannot be claimed from a business address</small>		Donation amount	Date donation received
Name	Initial/first name	Surname	Y/N	House name/number	Postcode	Yes! I want to sponsor my friend	
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Telephone no.:					Mobile no.:		

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Telephone no.:					Mobile no.:		

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Total Amount Raised:	£
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Please return this form to: Emma Broadbent – Challenges and Events Fundraiser, St Clare Hospice, Hastingwood Road, Hastingwood, CM17 9JX. Contact: emma.broadbent@stclarehospice.org.uk