Sponsorship Form

St Peter's Hospice

Tour de Bristol

	Date of Event:
In memory of:	**Relationship to you:**
Full name:	
Name of team members:	
Home address:	
	Postcode:
Telephone:	**Mobile:**
Email:	
Are you also raising money via justgiving or virginmoneygiving.com? Yes ☐ No ☐	

Amount of sponsorship money I'm sending with this form:	**£**
Date donations given or sent to St Peter's Hospice:	

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Registered with FUNDRAISING REGULATOR

Sponsors – please read: If I have ticked the box headed 'Gift Aid it ✔', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Peter's Hospice to reclaim tax on the donation detailed below, given on the date shown.
I understand that if I pay less Income Tax and/ or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 I have given.

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***All fields must be completed in full as shown below in order for us to claim Gift Aid**

Gift Aid it ✔	Postcode	Title	Forename	Surname	House name or number	Amount£	Date paid
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