Sponsorship form

St Peter's Hospice

Name of event:	
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:	

Please keep this form safe. We will need you to return it to us to claim Gift Aid. We promise not to add any of your sponsors personal details to our database. Please send your completed form and the money you have raised to:

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St Peter's Hospice
Unit 18 Orchard View
Estune Business Park
Pear Tree Avenue
Long Ashton
Bristol
BS41 9FR

If you have any queries please call **01275 391 400**.

Registered with FUNDRAISING REGULATOR
Registered Charity No. 269177

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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