



01226 244244
 www.barnsleyhospice.org
 fundraising@barnsley-hospice.org

SPONSORSHIP FORM



Event details

What is the event? _____

When is the event? _____

Your details

Name _____

Address _____

Postcode _____

Email _____

Telephone _____

Please help us make your donation worth even more by Gift Aiding. *giftaid it*

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 Barnsley Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand

that if I pay less Income Tax / 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 that I have given. Remember: You must provide your full name, home address & postcode for Barnsley Hospice to claim tax back on your donation.

Full name	Home address	Postcode	Amount	Gift Aid*	Date paid
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /
			£	Y / N	/ /

Please give your full address including postcode or we cannot claim Gift Aid. We cannot claim Gift Aid from a work address.

Total £ _____

*To qualify for Gift Aid, you must pay an amount of tax for each tax year that is at least equal to the amount we will reclaim on your gifts for that tax year.



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! Please return your sponsorship form to: **Fundraising, Barnsley Hospice, Church Street, Gawber, Barnsley, S75 2RL** as soon as possible.

THANK YOU FOR BEING BRILLIANT!

Office use only Amount: _____ Seqn No: _____ Date: _____ Modified GA: _____