



Virtual Big Wheel Sponsorship Form



Please complete in block capitals

Please sponsor (your name)

Your Address.....

Email.....

Home Tel:..... Mobile no:

By ticking the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St. Michael's Hospice (North Hampshire) to reclaim tax on my sponsorship donation below, given on the date shown. I understand that should I pay less Income Tax / 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 St. Michael's Hospice (North Hampshire) will reclaim 25p of tax on every £1 that I have given.

Please remember: You must provide your full name, home address, postcode & '✓' Gift Aid for St. Michael's Hospice (North Hampshire) to claim tax back on your donation.

Sponsors Full Name (First name & surname)	Sponsor's Home address <small>Only needed if you are Gift Aiding your donation Please do not give your work address as we will not be able to claim Gift Aid</small>	Postcode	Donation Amount (£)	Date paid	Gift Aid ✓
<i>Arthur Example</i>	<i>1, The Street, Town, County</i>	<i>RG24 9NB</i>	<i>£50</i>	<i>22/01/2016</i>	<i>✓</i>
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Sponsors Full Name (First name & surname)	Sponsor's Home address Only needed if you are Gift Aiding your donation Please don't give your work address as we will not be able to claim Gift Aid	Postcode	Donation Amount (£)	Date paid	Gift Aid ✓
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<p>Please send money and your sponsorship form to St. Michael's Hospice, Basil de Ferranti House, Aldermaston Road, Basingstoke, RG24 9NB</p> <p>Please make cheques payable to: St. Michael's Hospice (North Hampshire). For further information please call the Fundraising Hotline on 01256 848848 or email events@stmichaelsospice.org.uk</p>	OFFICE USE ONLY	
	Total donations received	£
	Total Gift Aid donations	£
	Date donations were given to St. Michael's Hospice (North Hampshire)	
	Registered Charity: 1002856	Approved by:

