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Please complete in block capitals

Reindeer Run 2021 Sponsorship Form

Kindly Sponsored By:

Please sponsor (your name)

Your Address....

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 (Title, First name & surname) (only of the 1 donor who is gift aiding) | Sponsor's Home address 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 | Postcode | Donation Amount (£) | Date paid | Gift Aid √ | | | | |
| Mr John Smíth | 1, The Street, Town, County | RG24 9NB | £50 | 22/01/2016 | ✓ | | | | |
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| | | OFFICE USE ONLY | | | | | | |
| | Hospice, Basil de Ferranti House, Aldermaston Road, Basingstoke, RG24 9NB | | Total donations received | | | | | |
| | RG24 9NB Please make cheques payable to: St. Michael's Hospice (North | | £ Total Gift Aid donations £ | | | | | |
| Universities \ Conferent begins to form a strong all all a Conference United to | | Date donations were given to St. Michael's Hospice | | | | | | |
| 04055 040040 | | North Hampshire) | | | | | | |
| | | | Registered Charity: 1002856 App | proved by: | | | | |