M.	Pedal Pals 2021 Sponsorship Form	PEDAL PALS
-	Please complete in block capitals	
ST.MICHAEL'S	Please sponsor (your name)	
HOSPICE (NORTH HAMPSHIRE)	Your Address	
	EmailMobile no:	

By ticking the box headed 'Gift Aid?  $\checkmark$ ', 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	Sponsor's Home address	Postcode	Donation	Date	Gift Aid
Title, First name & Surname	Only needed if you are Gift Aiding your donation		Amount	paid	$\checkmark$
(only of the 1 donor who is gift aiding)	Please do not give your work address as we will not be able to claim Gift Aid		(£)		
Mr John Smíth	1, The Street, Town, County	RG24 9NB	£50	22/01/2016	✓
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	Sponsors Full Name	Sponsor's Home address		Postcode	Donation	Date	Gift Aid
	Title, First name & Surname	Only needed if you are Gift Aiding your do	nation		Amount	paid	✓
	(only of the 1 donor who is gift aiding)	Please don't give your work address as we	e will not be able to claim Gift Aid		(£)		
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	Please send money and your sponsorshi		OFFICE USE ONLY				
de Ferranti House, Aldermaston Road, Basingstoke, RG24 9NB		Total donations received	£				
Please make cheques payable to: St. Michael's Hospice (North			Total Gift Aid donations £				
			Date donations were given to St. Michael's Hospice (North Hampshire)				
			Registered Charity: 1002856	Approved by:			