



Sponsorship Form



(Complete in block capitals)

Please sponsor (Full name):

Address:

Email: Tel No:

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By ticking the box headed 'GiftAid?', 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 GiftAid 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 & tick the GiftAid box (below) for St. Michael's Hospice (North Hampshire) to claim tax back on your donation.**

Full Name* (Title, first name & surname)	Home Address* Only needed if you're GiftAiding your donation	Postcode*	Donation Amount (£)	Date Paid	GiftAid?*

Full Name* (Title, first name & surname)	Home Address* Only needed if you're GiftAiding your donation	Postcode*	Donation Amount (£)	Date Paid	GiftAid?*