Please sponsor me



Title:	Full first name:	
Surname:		
Home address:		
Postcode:		Tel no:
Email:		
Team name:		
☐ My employer of	ffers a matched giving so	cheme to match the amount I raise
Your employer's I	name:	
We take your priva	acy seriously. We will st	ore your details securely on our database(

and we will only use your personal information to provide the services you have

requested from us. We will never share your details with third parties for marketing purposes without your prior explicit consent. For more information, please see our

Event name and date:

OVERSERS CHALLENGES

I pledge to raise

to help short and precious lives across the South West



Thank you for your sponsorship, if you would prefer not to receive an acknowledgement, please tick here \Box

Full name + home address + postcode + ✓ = Gift Aid

Privacy Policy www.chsw.org.uk/privacy or call 01271 325 270

giftaid it

If I have ticked the box headed 'Gift Aid' I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Children's Hospice South West to reclaim tax on the donations detailed below, given on the date shown. I understand that if 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 that the charity will reclaim 25p of tax on every £1 that I have given.

We are unable to claim Gift Aid if a sponsor is connected to the participant, their donations only qualify for Gift Aid if the participant pays the full cost of the trip so that all the sponsorship money raised goes to the charity. A 'connected person' is:

- A wife, husband or civil partner
- A brother, sister, parent or grandchild
- The wife, husband or civil partner of a relative
- A company under the control of the donor, or under control of connected persons

Do not tick the Gift Aid box if the above applies.

Full Name (First name and surname)	Home Address Not your work address (this is essential for Gift Aid)	Postcode	£s Pledged	£s Received	Date Given	Gift Aid
Mr John Smith	37 Lavender Close, Brighton, East Sussex	BNI 3SR	£20	£20	14/01/2020	✓

Please sponsor me



Overseas Challenges continuation sheet

Full name + home address + postcode + = Gift Aid

giftaid it

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Mr John Smith	37 Lavender Close, Brighton, East Sussex	BNI 3SR	£20	£20	14/01/2020	✓

Return your sponsor money using an option below and complete the details to the right:

- Send your sponsor forms and a cheque, made payable to 'Children's Hospice South West' to: Little Bridge House, Redlands Road, Fremington, Barnstaple, Devon EX31 2PZ. Alternatively bring your sponsor forms and cash/cheque to your local hospice.
- © Visit www.chsw.org.uk/donate and use our online form. Please remember to post your sponsor forms to us so if your sponsors have ticked the Gift Aid box we will be able to claim an extra 25p for every £1 you raise!

Date paid/sent:	
Amount paid/sent:	£
Please indicate how	v you paid
Please indicate how	v you paid

Published date: 01/12/2020