Please sponsor me



Title: Ful	ll first name:			Event name and date:
Surname:				
Home address:				
Postcode:		Tel no:		
Email:			I pledge to raise	
Team name:			£	
My employer offers a matched giving scheme to match the amount I raise			,	to help short and precious
Your employer's name:				lives across the South West
and we will only use your requested from us. We	our personal informe will never share yo	ore your details securely on our database ation to provide the services you have our details with third parties for marketing ent. For more information, please see our or call 01271 325 270	•	Registered with FUNDRAISING REGULATOR
Thank you for your spo	onsorship, if you wo	ould prefer not to receive an acknowledge	ment, pl	ease tick here

giftaid it

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

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.

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	14/01/2021	/



Please sponsor me



Sponsor form continuation sheet

giftaid it

Full name + home address + postcode + **√** = Gift Aid

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Mr John Smith	37 Lavender Close, Brighton, East Sussex	BNI 3SR	£20	£20	14/01/2021	✓

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 you paid			
☐ Post	☐ Hospice		
☐ CHSW website			