

Please sponsor me

Title: Full first name:

Surname:

Home address:

Postcode: Tel no:

Email:

Team name:

My employer offers a matched giving scheme to match the amount I raise

Your employer's name:



**moonlight
memory walk**

Sunday 24 November 2024

I pledge to raise
£
to help short and precious
lives across the South West

We take your privacy seriously. We will store your details securely on our database(s) 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 Privacy Policy www.chsw.org.uk/privacy or call 01271 325 270



Thank you for your sponsorship, if you would prefer not to receive an acknowledgement, please 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	14/01/2024	✓



Please sponsor me



Moonlight Memory Walk continuation sheet

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	14/01/2024	✓

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