Sponsorship and Gift Aid Declaration Form

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Dr. Kershaw's Hospice

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Oldham
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OL2 6EU

Tel: 0161 624 9984
Fax: 0161 628 3951
E-mail: appeals@drkershawshospice.org.uk
Website: www.drkershawshospice.org.uk

Registered Charity No. 1105924

Please Sponsor Me: _____

To (Event): Midnight Walk on 5th / 6th June 2010

In Aid Of: Dr. Kershaw's Hospice

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid? (✔)', want the charity or CASC named above to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed by the charity or CASC on the donation.

Full Name (First name and surname)	**Home Address Not your work address (this is essential for Gift Aid)**	**Postcode**	**Amount £**	**Date Paid**	**Gift Aid? (✔)**
Total Donations Received			**£**		
Total Gift Aid Donation			**£**		

Remember: Full name + Home address + Postcode + ✔ : giftaid it

Registered Company No. 5221414