

FIRE WALK

Sponsorship Form

Please sponsor the person whose name is given below:

Name:
Address:
Telephone Number:
Email Address:

I will be participating in the Charity Fire Walk on 10th May 2019 to raise money for **Florence Nightingale Hospice Charity (Registered Charity 1119499)**

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IMPORTANT INFORMATION GIFT AID DECLARATION

Using Gift Aid means that for every pound you give, Florence Nightingale Hospice Charity will get an extra 25p from HM Revenue & Customs.

If I have ticked the box below, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Florence Nightingale Hospice Charity to reclaim tax on the donation detailed above, 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 the Charity will reclaim 25p of tax on every £1 that I have given.

Remember: You must provide your full name, home address, postcode and tick the Gift Aid box for the Charity to claim tax back on your donation.

Sponsor's Full Name	Full HOME Address Required if you are Gift Aiding your donation	Postcode Required if you are Gift Aiding your donation	Sponsor Amount £	Date Paid	Gift Aid <input checked="" type="checkbox"/>
Ms Florence Nightingale	Walton Lodge, Walton Street, AYLESBURY, Bucks	HP21 7QY	£10.00	15/12/18	<input checked="" type="checkbox"/>

Sponsor's Full Name	Full HOME Address Required if you are Gift Aiding your donation	Postcode Required if you are Gift Aiding your donation	Sponsor Amount £	Date Paid	Gift Aid <input checked="" type="checkbox"/>
Total			£		
Date Donated to Charity					

Sponsors must provide their full name, home address, postcode, date paid & 'v' Gift Aid for the Florence Nightingale Hospice Charity to claim tax back on your donation.

Remember: Full Name + Home address + Postcode + Date Paid + Yes = *giftaid it*