

Sponsor Form



Sunday 12th October 2025

Participant ID				
Name				
Address				
Postcode				
Daytime phone				
Team Name				

Please ensure you fill out each section <u>in full</u> and clear, legible writing.

Please ensure the details of each donation are recorded accurately in your sponsors own handwriting.

Please ensure each sponsor ticks the Gift Aid box next to their address below if eligible.

Please note we cannot claim Gift Aid on business addresses or on multiple sponsors e.g. Mr & Mrs Jones.

Please return your sponsorship money by 12th November 2025

GREAT NEWS...

We might be able to boost your donation by 25p for every £1 you donate, at no cost to you!

Please tick for Gift aid if you're eligible, and read the gift aid declaration overleaf.

PLEASE COMPLETE IN BLOCK CAPITALS

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First Name	Last Name	FULL Home Address (please give this AND your postcode or we can't claim Gift Aid)	Postcode	Amount	Gift Aid	Date Paid	Do not contact me ^o
EDWARD	SMITH	23, SAMPLE ROAD, EXAMPLETOWN, SAMPLE COUNTY	HPX 3XX	£XXX.XX	1	00/00/00	
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IMPORTANT INFORMATION – GIFT AID DECLARATION!

Using Gift Aid means that for every £1 you give, The Hospice of St Francis will get an extra 25p from HM Revenue & Customs, helping your donation go even further.

By ticking the box, you agree to the following statement: 'I want to Gift Aid my donation as indicated above and any donations I make in the future or have made in the past 4 years to The Hospice of St Francis. I am a UK tax payer and understand if I pay less income tax and/or capital gains tax than the amount of gift aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I will notify the Hospice if (1) I wish to cancel this declaration or (2) if I no longer pay sufficient income or capital gains tax; or (3) if I change my address.

Please tick for Gift aid if you're eligible!

PLEASE COMPLETE IN BLOCK CAPITALS

Γitle	First Name	Last Name	FULL Home Address (please give this AND your postcode or we can't claim Gift Aid)	Postcode	Amount	Gift Aid	Date Paid	Do not contact me*
MR	EDWARD	SMITH	23, SAMPLE ROAD, EXAMPLETOWN, SAMPLE COUNTY	HPX 3XX	£XXX.XX	1	00/00/00	
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Thank you for supporting The Hospice of St Francis