

Sponsorship Form

Midnight Walk



Full Name:

Are you part of a group or company raising money? Write you team/group/company name here:

.....

Please complete using **BLOCK CAPITALS** and black ink

Your Information

We would like to contact you with information about hospice news and events. Please tick here if you would like to receive updates.



Full Name:	Address:	Postcode:	Total Amount:	Date Received:	Gift Aid:	Receive Info:
					✓	✓
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Boost your donations by setting up an online sponsorship page: www.justgiving.com/salhospace

Gift Aid

Boost your sponsorship by 25p of Gift Aid for every £1 you donate.

We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid', want Salisbury Hospice Charity (registered Charity no. 1123314) to reclaim tax on the donation detailed below, given on the date shown. We understand that if each of us pay less income tax and/or Capital Gains Tax than the amount of Gift Aid claimed on our donation in that tax year it is our own responsibility to pay any difference.

Full Name:	Address:	Postcode:	Total Amount:	Date Received:	Gift Aid:	Receive Info:
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Thank you! Salisbury Hospice Charity supports people living with life-limiting conditions. The Hospice provides care that is free of charge to patients and their families. We rely on donations and fundraising to enable us to continue supporting individuals within our community.

Please complete the details below in BLOCK CAPITALS and return your form and sponsorship money to:

Salisbury Hospice Charity, Odstock Road, Salisbury, SP2 8BJ. (Cheques made payable to: Salisbury Hospice Charity)

Title: **First Name:** **Last Name:**

Address:

Postcode: **Telephone:** **Email:**.....

Keeping in touch

We will not be able to keep you informed about Salisbury Hospice Charity without your permission. Please tick the boxes below so that we can keep you up to date on our latest news and events.

Please contact me via:

Email: **Post:** **Telephone:**