CHILDREN'S HOSPICE SOUTH WEST: SPONSORSHIP GIFT AID DECLARATION FORM

children's hospice SOUTH WEST
Registered Charity No. 1003314

TITLE ……. FORENAME(S) …….. SURNAME ……
HOME ADDRESS & POSTCODE: ……..
EVENT: ……
DATE ……

giftaid it	We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid? (✓)', want Children's Hospice South West to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay UK Income Tax or Capital Gains tax equal to the tax reclaimed by the Charity on the donation.

Does your employer offer a match giving scheme which will match the amount you raise?
Tick here if you can apply for match giving: [ ]
Please let us know your employer's name:

Full Name	Home Address	Postcode	Amount pledged	Amount given	Date given (dd/mm/yy)	Gift Aid? (✓)
EXAMPLE *Mr John Smith*	*37 Lavender Close, Brighton, East Sussex*	*BN1 3SR*	*£10*	*£10*	*14/01/05*	✓

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Full Name	Home Address	Postcode	Amount pledged	Amount given	Date given (dd/mm/yy)	Gift Aid? (✓)
EXAMPLE *Mr John Smith*	*37 Lavender Close, Brighton, East Sussex*	*BN1 3SR*	*£10*	*£10*	*14/01/05*	✓
		Total Donations	£			

To be completed by the charity

Date monies received:					
Total amount of Gift Aid donations		x 20/80 =	**£**	**tax reclaimable**	
RE Constituent ID No:		**RE Gift Number:**		**RE Batch Number:**	

Please return completed sponsorship form and collected sponsorship money to: Children's Hospice South West, Little Bridge House, Redlands Road, Barnstaple, Devon Ex31 2PZ