50 YEARS **StChristopher's**
More than just a hospice

FOR OFFICE USE ONLY	
DONOR ID	
BATCH ID	
TOTAL RECEIVED	
TOTAL ON FORM	
GIFT AID TOTAL	
GIFT AID ID	

Sponsorship form Thank you for supporting St Christopher's and helping me raise £ _____

My name is _____

I am taking part in _____

on _____

PLEASE GIFT AID YOUR DONATION TO MAKE IT WORTH 25% MORE AT NO EXTRA COST TO YOU

giftaid it

If I have ticked the box headed Gift Aid, I confirm that I am a UK Income or Capital Gains Tax payer. I have read this statement and want St Christopher's to reclaim tax on the donation detailed below, 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 (not work) address and postcode and tick the Gift Aid box for St Christopher's to claim tax back on your donation.**

First name	Last name	House no/name Only if Gift Aiding donation	Postcode	GIFT AID	Donation	Date paid	Paid as
Firstname	Lastname	123	AB1 2CD	✓	£10.00	31/06/16	✓ Cash ☐ Cheque
							☐ Cash ☐ Cheque
							☐ Cash ☐ Cheque
							☐