Isabel Hospice Sponsorship Form

Full Name: ..... Event Name: .....

Date: ..... Venue: .....

Address: .....

..... Post Code: .....

Email: ..... Telephone (day): ..... Telephone (evening): .....

Amount raised online (if any) £: .....

Please make cheques payable to Isabel Hospice and return to Head Office, 61 Bridge Road East, Welwyn Garden City, Hertfordshire AL7 1JR

giftaid it

If I have ticked the box headed '**Gift Aid? √**', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Isabel Hospice 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 Isabel Hospice will reclaim 25p of tax on every £1 that I have given.

Please remember: Full name + Home address + Postcode + √ = giftaid it

Full Name (First Name and Surname)	Home Address (Only needed if you are Gift Aiding your donation), Please don't put your work address	Postcode	Amount £	Date paid	Gift Aid? √
				Total donations received	£
				Total Gift Aid donations	£
				Date donations given to Charity or CASC	

Full Name	Home Address (Only needed if you are Gift Aiding your donation), Please don’t put your work address	Postcode	Amount £	Date paid	Gift Aid? √
				Total donations received	£
				Total Gift Aid donations	£
				Date donations given to Charity or CASC	