

About You. Please help us match this form to your donation by completing the following vital information:

Your Name:

Address:

.....

..... Post Code:

Tel:

Email:

Signed:

Event:

Event Date:

Page number: 1 of

Sponsorship Form



Demelza
Hospice Care for Children



Demelza provides specialist care and emotional support for children with terminal conditions and their loved ones, so they can enjoy their time together as a family, for as long as they have.

giftaid it

Turn every £1 you raise into £1.25

For every pound you give to us, we get an extra 25 pence from the Government, AT NO EXTRA COST TO YOU. Please tick the Gift Aid box - it really is that simple to make your donation all the more valuable. Thank you!

Please remember these instructions regarding Gift Aid:

Full name + Home address + Postcode + ✓ = *giftaid it*

Please **DO NOT** put 'Mr & Mrs' on the same line. Please **DO NOT** use a company address.

Please **DO NOT** write 'as above' when your address is the same as the line above.

FULL NAME (first name and surname)	HOME ADDRESS (only needed if you are Gift Aiding your donation, please don't put your work address here)	POSTCODE	AMOUNT PLEDGED	AMOUNT PAID	DATE COLLECTED	<i>giftaid it</i> ✓	KEEP IN TOUCH (Please tick the box if you do not wish to hear from Demelza**)
Joe Bloggs	House number, Street, Town, County	AB3 2CD	£10.00	£10.00	1.2.20	✓	

*If I have marked the box headed 'Gift Aid? ✓', I confirm that I would like all my donations past, present and future to Demelza Hospice Care for Children (Registered Charity No. 1039651) to be treated as Gift Aid donations. I am a UK taxpayer and understand that 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. Please notify us if your circumstances change.

