

Hayle Walk for St Julia's Hospice Appeal - 11th September 2011

Sponsorship and Gift Aid Declaration Form

...build the vision

Walker's Full Name and Address (if walking as part of a team; Team Name): _____

The above person has given a commitment to raise funds in the above event and has the full backing of Cornwall Hospice Care who provide Specialist Palliative Care to people who have a life limiting illness and provides support to them, their family and carers.

<u>Full Name*</u> (First name & surname)	<u>Home Address*</u> (this is essential for Gift Aid) Not your work address	<u>Postcode*</u>	<u>Gift Aid</u> (<input checked="" type="checkbox"/>)	<u>Amount</u>	<u>Paid</u>
Sub Total			£		

Giftaid it We, who have given our names and addresses above, and who have ticked the box entitled ' Gift Aid (✓)', want the above charity to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay Income Tax or Capital Gains Tax equal to the tax reclaimed by the Charity on the donation. ***PLEASE NOTE YOU MUST COMPLETE YOUR FULL NAME, ADDRESS AND POSTCODE TO ENSURE WE CAN RECLAIM THE GIFT AID.**

