

FUNDRAISING FORM

"Help us provide 5000 hours of nursing care"

Thank you for your generosity	OFFICE USE ONLY:		
Name	Gift Aidable Amount ${f f}$		
Address			
	Postcode		
MY FUNDRAISING (please tick the box relevant to your fundraising)			
Just Giving (online sponsorship) - I have raised £			
Sponsorship Form (below) - I have raised £			
Other fundraising activities - I have raised $oldsymbol{\pounds}$ by			
Willowbrook Hospice – The Living Well, Fundraising Office, Borough Road, Email: events@willowbrookhospice.org.uk Tel: 01744 543798 Registere	St Helens WA10 3RN ed Charity No: 1020240		

GIFT AID

If you pay tax, please tick the Gift Aid box. Your donation will increase by 25% at no extra cost to you. This means so much to our nurses and their patients. Thank you.

£5+Gift Aid = £6.25

Please ask all of your sponsors to tick the Gift Aid box if they pay tax. They must also write their full name, address AND postcode for us to claim the money from the Government. Don't worry, we won't hassle them with mail or sell their details to third parties.

Gift Aid Declaration: If I have ticked the box headed 'Can we claim Gift Aid?', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and I want Willowbrook Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/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 that Willowbrook Hospice will reclaim 25p of tax on every £1 that I have given.

SPONSORSHIP FORM

Can we claim

						GITT AIG!
Full Name	Home Address (NOT WORK!)	Postcode			Do you pay	
IMPORTANT: This information mu	ist be provided so we can claim your Gift Aid. Please DO NOT put a v	vork's address.	Pledged		dd/mm/yy	tax? Y/N
EXAMPLE G. Ball	10 Tango Drive , St Helens, Merseyside	WA9 0TH	£20.00	£20.00	9/10/19	Yes ✓

HELP US PROVIDE 5000 HOURS OF NURSING CARE

Please turn over if you have more sponsors.



Gift Aidable Amount ${\boldsymbol f}$

SPONSORSHIP FORM Can we claim Gift Aid? Home Address (NOT WORK!) Postcode Full Name Do you pay tax? Y/N Amount Amount Date Given dd/mm/yy Pledged Given $\textbf{IMPORTANT:} \ \textit{This information must be provided so we can claim your Gift Aid. Please DO NOT put \ \textit{a work's address.} \\$ EXAMPLE G. Ball Yes 🗸 10 Tango Drive, St Helens, Merseyside WA9 0TH £20.00 £20.00 9/10/19 **TOTAL AMOUNT GIVEN £** OFFICE USE ONLY: