

Thank you for your support

Name:

Address:

Postcode:

Date:

## **DAWN WALK 2023 SPONSORSHIP FORM**

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**Please return to:** Fundraising Team, St Kentigern Hospice, Upper Denbigh Road, St Asaph, Denbighshire, LL17 ORS

Registered Charity Number: 519931

If I have ticked the box headed 'Gift Aid'  $\sqrt{\ }$ , I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Kentigern Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and/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 the 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 address, postcode +  $\checkmark$ ' Gift Aid for the charity to claim tax back on your donation

Full Name (BLOCK LETTERS)  To Claim Gift Aid we need your HOME address (House Name/Number only)  Postcode Pledge	To Claim Gift Aid we need			Tick 9if	Coll	Can we contact you about our work & fundraising activities?*			
	Here	Collected	By Post	By Email	Email Address				
Please make cheques payable to: St Kentigern Hospice	Tota	l Amount Raised:			* All	your p	ersonal	details remain confidential and will not be shared with any other organisations.	

Date given to charity:

Full Name	Full Name (BLOCK LETTERS)  To Claim Gift Aid we need your HOME address (House Name/Number only)  Postcode Pledge			Tick <i>9i</i> 7	Coll	Can we contact you about our work & fundraising activities?*			
		Tick Here giftaid it	Collected	By Post	By Email	Email Address			
Please make cheques payable to: St Kentigern Hospice  Total Amount Raised:				* All your personal details remain confidential and will not be shared with any other organisations.					
Thank you for your support Date given to charity:								Registered Charity Number: 519931	