

Name:

Address:

Registered Charity Number: 519931

Date

Postcode:

I'm raising funds for St Kentigern Hospice by:

Thank you for your support

Official Sponsor Form

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

Registered Charity Number: 519931

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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 + √′ Gift Aid for the charity to claim tax back on your donation

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

Date given to charity:

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

Thank you for your support

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