

TWILIGHT TREK SPONSORSHIP FORM

Please return to: Fundraising Team, St Kentigern Hospice,
Upper Denbigh Road, St Asaph, Denbighshire, LL17 0RS

giftaid it

Name: _____

Address: _____

Postcode: _____

Date: _____

If I have ticked the box headed 'Gift Aid' , 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 (BLOCK LETTERS)	To Claim Gift Aid we need your HOME address (House Name/Number only)	Postcode	Pledge	Tick Here <i>giftaid it</i>	Collected	Can we contact you about our work & fundraising activities?*		
						By Post	By Email	Email Address

Please make cheques payable to:
St Kentigern Hospice

Total Amount Raised:

Date given to charity:

* All your personal details remain confidential and will not be shared with any other organisations.

Thank you for your support

Registered Charity Number: 519931

