



I'm doing something amazing for Ashgate Hospicecare

Name of event: ..... Date: .....

Name:
Address:
Postcode:

\* 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 Ashgate Hospicecare to reclaim tax on the donation detailed below. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that Ashgate Hospicecare will reclaim for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that Ashgate Hospicecare will reclaim 25p of tax on every £1 that I have given.

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Table with 6 columns: Name (Title, Initial, Surname), Home Address (only needed if Gift Aiding) Please don't write your work address here, Post Code, Amount Pledged, Amount Paid, giftaid it. Row 1: Mr A Smith, 10 Anywhere, Anytown, S40 1BD, £10, £10, ✓

Please note ~ these sponsor forms remain the property of Ashgate Hospicecare. All form must be returned to Ashgate Hospicecare on completion of the event, together with sponsorship money received. If for any reason the event does not take place or you do not take part, the forms must still be returned, even if the event of no monies being collected.

| Name<br>(Title, Initial, Surname) | Home Address (only needed if Gift<br>Aiding) Please don't write your work<br>address here | Post Code | Amount<br>Pledged | Amount Paid | <i>giftaid it</i> |
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