

MEN'S WALK TO SUPPORT

Sponsorship form



Full Name
Address
Postcode
Telephone Number
Email

giftaid it

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 Dorothy House Hospice Care (DHHC) 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 any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

PLEASE COMPLETE IN BLOCK CAPITALS
Forms in the same handwriting or printed are NOT valid for Gift Aid purposes

Sponsor's Full Name	Sponsor's Home Address (This is essential if you are Gift Aiding your donation)	Postcode	Amount		GIFT AID	Date Given
			Pledged	Given		
MRS ERIN EXAMPLE	76 EXEMPLAR WAY, EXAMPLETON	EH99 9EH	£40	£40	✓	01/01/01

Sponsors must provide their Full name + Home address + Postcode + Gift Aid ✓ for Dorothy House to claim tax back on their donation.

Thank You

Your sponsorship makes a real difference
Find out about the work we do at dorothyhouse.org.uk



MEN'S WALK TO SUPPORT

giftaid it

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 Dorothy House Hospice Care (DHHC) 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 any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

PLEASE COMPLETE IN BLOCK CAPITALS
Forms in the same handwriting or printed are NOT valid for Gift Aid purposes

Sponsor's Full Name	Sponsor's Home Address (This is essential if you are Gift Aiding your donation)	Postcode	Amount		GIFT AID	Date Given
			Pledged	Given		
MRS ERIN EXAMPLE	76 EXEMPLAR WAY, EXAMPLETON	EH99 9EH	£40	£40	✓	01/01/01

Sponsors must provide their Full name + Home address + Postcode + Gift Aid ✓



Please return all forms and money to:
Fundraising Office, Dorothy House Hospice Care,
Winsley, Bradford on Avon, Wiltshire, BA15 2LE
Please make all cheques payable to: Dorothy House
If you need any more sheets please call us on: 01225 721 480

For Internal Use Only

Form Total

GA Claimed

Thank You

Your sponsorship makes a real difference
Find out about the work we do at dorothyhouse.org.uk

