Sponsorship Form

Participant

Address

Post code

We, who have given our names and addresses below, and who have ticked the box headed 'Gift Aid', want the charity named above to reclaim tax on the donation detailed below, given on the date shown. We each confirm that we are UK taxpayers and understand that if we pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all our donations in that tax year it is our responsibility to pay any difference. We understand the charity will reclaim 25p of tax on every £1 that we have given.

This form must be completed by the person who is sponsoring you

Title	First Name	Surname	Post Code	Full Home Address	£ Amount	Gift Aid	Date Paid

(Cheques made payable to Weldmar Hospicecare)

Total amount collected carried forward **£**

In order to obtain Gift Aid this form must be filled in by the individual sponsor

Please return this form
and your sponsorship money to
Fundraising, Weldmar Hospicecare, Inpatient Unit,
Herringston Road, Dorchester, DT1 2SL. Telephone 01305 261800

Registered Charity No. 1000414

This form must be completed by the person who is sponsoring you

Title	First Name	Surname	Post Code	Full Home Address	£ Amount	Gift Aid	Date Paid

(Cheques made payable to Weldmar Hospicecare)

Total amount raised **£**

In order to obtain Gift Aid this form must be filled in by the individual sponsor

Please return this form
and your sponsorship money to
Fundraising, Weldmar Hospicecare, Inpatient Unit,
Herringston Road, Dorchester, DT1 2SL. Telephone 01305 261800

Registered Charity No. 1000414