Date Stamp
OFFICE USE ONLY

Sponsorship Form

Event	Dry January
Event Date	01 – 31 January 2022
Participant Name	
My Address	
My Target	

katharine house hospice
embracing life and living

Registered Charity Number: 1011712

GIFT AID DECLARATION

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 the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / 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.

giftaid

Please complete your address, postcode and email so that we can process your donation.

Katharine House Hospice takes its responsibility to protect your privacy and personal data seriously. There are a range of information notices available on our website at www.khhospice.org.uk/we-value-your-privacy

Cheque Value £

Title	First Name	Surname	Full Home Address	Post Code	Amount	Gift Aid?	Date Paid
Mrs	Sample	Name	1 Sample Lane, Stafford	ST18 0LQ	£20	✓	DD/MM/YY

Title	First Name	Surname	Full Home Address	Post Code	Amount	Gift Aid?	Date Paid
Mrs	Sample	Name	1 Sample Lane, Stafford	ST18 0LQ	£20	✓	DD/MM/YY
Total Amount Raised					**£**		

Are you expecting to collect any more sponsorship money? (Please circle) Yes / No