



Walk to Remember

5 October 24

Sponsorship Form



Name _____ Team Name _____

Address _____ Postcode _____

Phone _____ Email _____

Event _____ Target _____

Please return your completed sponsorship form to:

Fundraising Team, Katharine House Hospice, Weston Road, Stafford, ST16 3SB

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

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 Katharine House Hospice 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

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

OFFICE USE ONLY
Date stamp
Ref No

