

**………………………** is raising funds on behalf of

**Beaumond House Hospice Care** by taking part in the

Cycle for Hospice Care Week Challenge

**Sponsorship and Gift Aid Declaration Form**

 *Local help for local people*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | House Name or Number(NOT your work address, this is essential for Gift Aid) | Postcode | Amount sponsored | Gift Aid (tick) | Date given | Paid |
| Mr/Mrs/Miss | John | Smith | 123  | AB12 3CD | £10.00 | tick | 01/03/15 |  |
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|  |  |  |  | **Total** | **£** |

If you are a UK taxpayer your gift can be **increased by 25p for every £1 donated at no extra cost to you** providing youcomplete this form fully.
 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 or Community Amateur Sports Club (CASC) 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.

**Remember: You must provide your full name, home address, postcode & ‘****’ Gift Aid for the charity to claim tax back on your donation.**



**REMEMBER: Title + Full name + House Number + Postcode +**  =

**Beaumond House Community Hospice |** Registered Charity No.:1025442
32 London Road, Newark, Nottinghamshire, NG24 1TW | Tel.: 01636 610 556 | www.beaumondhouse.co.uk

***Office Use Only***

**Donation Record Details Sponsor Form Details**

Date …………………………………...... Total Amount………………………………………...........

Ref …………………………………........ Gift Aid Amount ………………………………………......

Amount …………………………………. Gift Aid Claimed on ………………………………………