

# St Clare Hospice Sponsorship Form



I am raising money for St Clare Hospice, who provides care for people with life-limiting illnesses. It costs in excess of £2.5 million per year for St Clare Hospice to provide care to patients and their families throughout West Essex and East Hertfordshire, so please give generously.

For office use only

Total received: \_\_\_\_\_

Gift Aid: \_\_\_\_\_

I am raising money by \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_



Gift Aid allows St Clare Hospice to claim an extra 28p per £1 from the Inland Revenue. To qualify for Gift Aid, you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that we will reclaim on your donation in the appropriate tax year. Please tick the Gift Aid box and **state your full address and postcode**. If your circumstances change, please inform us.

Name <small>To enable us to claim Gift Aid, this must be your first name and surname</small>	Gift Aid Y/N	Full Address <small>This must be your HOME address and include your postcode so that we can claim Gift Aid. We will not use this data for mailings unless granted permission in the fifth column.</small>	Donation amount	Would you like to receive news on St Clare Hospice and its events? Y/N	Date donation received
<i>John Example</i>	Y	<i>12 High Street, Anytown, Anycounty, AB12 3CD</i>	£10	Y	01/01/09

Please make all cheques payable to **St Clare Hospice**. Once your event is over, please send your donation and this sponsor form to St Clare Hospice, Hastingwood Road, Hastingwood, Essex, CM17 9JX.

**ST CLARE**  
**HOSPICE**

