SPONSOR FORM

Please complete all sections in **BLACK INK** using **BLOCK CAPITALS**

City Hospice
Caring for Cardiff

PERSONAL DETAILS

Mr / Mrs / Miss / Ms / Master / Dr

Forename:

Surname:

Group name (if raising funds as a group or family)

Address:

Post Code:

Gift Aid (See Below)	Full Name	Full Address (Required)	Post Code (Required)	Amount Sponsored	Paid	Date Paid
✓	Joe Smith	1 City Hospice Road	CF14 7BF	£10.00	✓	01/02/23
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OFFICE USE ONLY **Gift aid total:** _____ **Non gift aid total:** _____

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Gift Aid statement, present and future donations: I would like City Hospice to claim gift aid on this donation and donations I make to City Hospice in the future. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay the difference. I understand the charity will claim 25p of tax on every £1 that I give on or after 6 April 2008.

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

Once you have collected all of your sponsor money, please return it together with this sponsor form to:
City Hospice, Park Road, Whitchurch, Cardiff, CF14 7BF, 02920 524150