

SPONSORSHIP AND GIFT AID DECLARATION FORM

Name.		
Address.		
		Postcode.
Phone.	Mobile.	
Email.		D.O.B.

We, who have given our names and addresses below, and who have ticked the box entitled Gift Aid (\checkmark), want Over and Above and North Devon Hospice to reclaim on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation in that financial year.



Name	Postcode	Home Address	Amount Pledged	Gift Aid ✓	Amount Received	Date Given
Mr A Name	EX32 0HU	1,The Street, A Town	£5.00	✓	£5.00	
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	-					
				1		
		·	SUB TOTAL			

Thank you for your sponsorship, helping Over and Above and North Devon Hospice to provide specialist care for local people.

Name	Postcode	Home Address	Amount Pledged	Gift Aid √	Amount Received	Date Given
		SUB TOTAL				
TO DE COMPI ET	D DV TILE					
TO BE COMPLETE			£			
Date monies receiv	ed: /	/				
		£	ta	x reclaimab	le	