Oakhaven Hospice Lower Pennington Lane Lymington Hampshire SO41 8ZZ Registered Charity No: 900215

SPONSORSHIP FORM



Details of Participant being sponsored Name: Address: Tel No:			Event : Date:			
FULL NAME	НОМЕ А	DDRESS	TOTAL	PAID	Gift Aid	Office Use
	House No.	Post code		V	(See below)	Only

Gift Aid Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid this donation you must tick the box above. I want to Gift Aid my donation to Oakhaven Hospice. I am a UK taxpayer and understand that if I pay less income tax in the current year than the amount of Gift Aid claimed on my donations it is my responsibility to pay any difference.

FULL NAME	HOME ADDRESS		TOTAL	PAID	Gift Aid	Office Use
	House No.	Post code		V	(See below)	Only
Cift Aid Poost your donate						

Gift Aid Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid this donation you must tick the box above. I want to Gift Aid my donation to Oakhaven Hospice. I am a UK taxpayer and understand that if I pay less income tax in the current year than the amount of Gift Aid claimed on my donations it is my responsibility to pay any difference.

Help us make your donation Tax-efficient by ticking the box marked Gift Aid.

Please retain all sponsor forms and return together with your sponsor money to: Oakhaven Hospice, Lower Pennington Lane, Lymington, Hampshire, SO41 8ZZ

Data Protection Information Statement - Applicable only to Sponsored Individual

Oakhaven Hospice will use the information you have provided for sending you hospice newsletters and details of hospice events. Your details will be kept on a database. We will not disclose this information to any other person or organisation except in connection with the above purposes. If you do not wish any further correspondence, please advise us at the address of the front of this sheet and your details will be removed from our database. If you have a query about the use of your details please contact the Fundraising Department on 01590 677773.

To be compl	eted by t	he charity
-------------	-----------	------------

Date Monies received:	Total Received:	Total amount of Gift Aid Donations: