Sponsorship and Gift Aid Declaration Form

Please sponsor (me):

to (event or activity): **Starlight Walk - Saturday 26th June**

We, who have given our names and addresses below and have ticked the box headed 'Gift Aid' want Prospect Hospice to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax at least equal to the tax reclaimed by Prospect Hospice on the donation.

Full Name:	Full Home Address: (Essential for Gift Aid)	Postcode:	Amount:	Date Paid:	Gift Aid: (✓or x)

For office use

Total Raised: Total Gift Aid:

Charity number 280093

Remember, Full name + Home Address + Postcode + ✓ = Gift Aid

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