

Sponsorship Form



Name: _____

Postcode: _____

Address: _____

Email: _____

Event: _____


Telephone number; _____



Make your gift work harder *giftaid it* Do you pay tax? If so your gift will be worth a quarter more to us – at no extra cost to you. All you have to do is **tick the box below**, and the tax office will give 25p for every pound you give.

I am a UK taxpayer and I would like the Butterfly Hospice Trust to claim Gift Aid on my donation below.

* I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April one year to 5th April the next) that is at least equal to the amount of tax that the Butterfly Hospice Trust will reclaim on my gifts for that tax year.

No:	Full Name of Sponsor	Home address (needed if Gift Aiding your donation-please DO NOT use work address)	Postcode		Amount Pledged	Amount Collected	Tick if you want more information
1				<input type="checkbox"/>			
2				<input type="checkbox"/>			
3				<input type="checkbox"/>			

Your Local Hospice for Local People

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No:	Full Name of Sponsor	Home address (needed if Gift Aiding your donation-please DO NOT use work address)	Postcode	↓ <input type="checkbox"/>	Amount Pledged	Amount Collected	Tick if you want more information
4				<input type="checkbox"/>			
5				<input type="checkbox"/>			
6				<input type="checkbox"/>			
7				<input type="checkbox"/>			
8				<input type="checkbox"/>			
9				<input type="checkbox"/>			
10				<input type="checkbox"/>			
11				<input type="checkbox"/>			
12				<input type="checkbox"/>			

For Office Use only – DO NOT write in this area	PAGE TOTALS c/fwd			Page No
	PAGE GIFT AID TOTALS c/fwd			
	FINAL TOTALS			

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