For office use:

# Sponsorship Form

Name of event: Event date:

Name: _____

Participant number _____

**Participant to complete**

Is your participation in memory of anyone? (What is their name?) _____

What relationship are they to you? _____

If you have an online page, please fill in the address - eg: http//justgiving.com/ _____

**Sponsors' details (Please use BLOCK CAPITALS)**

**Without a sponsor's details we are unable to claim Gift Aid**

By ticking the Gift Aid box, I confirm that I pay UK Income or Capital Gains Tax. I understand that St Wilfrid's will reclaim 25p of tax on every £1 that I have given. giftaid it

| Title | First name | Surname | Sponsor's home address (house number/name, street, town…) | Postcode | Amount £ | Paid | Gift Aid | Opt in * |
|---|---|---|---|---|---|---|---|---|
| MRS | JENNA | ROUS | 1, THE ROAD, TOWN | AB1 2CD | £25 | ✔ | ✔ | ✔ |
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Online fundraising page total (if applicable) = £ Total on this form = £ Grand total = £

**HOW TO USE THIS FORM** Please keep your sponsorship form with you on the event day or send it in immediately after the event has taken place. Collected donations and any cheques should be made payable to St Wilfrid's Hospice (Eastbourne) and sent/given in, with this form, to: Fundraising Department, St Wilfrid's Hospice, 1 Broadwater Way, Eastbourne, East Sussex BN22 9PZ. Thank you so much.

*** OPT IN box: Your privacy is very important to us and we never share your information with third parties. We would, however, like to keep you informed of news, events and activities at St Wilfrid's Hospice; if you are happy to receive this information, please tick 'Opt in'.**

**Sheet [ ] of [ ]**

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| Title | Initial or first name | Surname | Sponsor's home address (house no/name, street, town…) | Postcode | Amount £ | Paid | Gift Aid | Opt in * |
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