Southampton Hospital Charity

A helping hand

SPONSORSHIP FORM

Registered Charity No. 1051543

Event and Department:	**Total raised** ……
Name:	**Date paid in** ……
Address:	Office use only: Chq [ ] Cash [ ] Cash & chq [ ] Via bank [ ]
Postcode:	Total gift aid claimed: £
E-Mail & Telephone:	

giftaid it

Making your sponsorship money go further…

The Gift Aid Scheme increases the value of your donation at no extra cost to you. For every £1 you give, the government will add 25p. All you need to do is complete your full name and home address below and tick the Gift Aid box. We, who have given our names and addresses below, and who have initialed the box entitled 'Gift Aid?', want the above charity to reclaim tax 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 amount being reclaimed by the charity (currently 25p per £1 given).

Initials & Surname A N Other	£	giftaid it	Initials & Surname A N Other	£	giftaid it
First Line of Address 123 Your Street	Postcode A1 2YZ		First Line of Address	Postcode	
If you would like to receive further information from the charity, please tick here [ ]			If you would like to receive further information from the charity, please tick here [ ]		
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Please return to Suzie Simmons, Fundraising Officer, Mail Point 135, Southampton General Hospital, Southampton, SO16 6YD

Your details will only be used in connection with our charitable activities, and will not be disclosed to any third party

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Please return to Alanna Lee, Fundraising Officer, Mail Point 135, Southampton General Hospital, Southampton, SO16 6YD

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