

Sponsor Form



NAME: _____

SCHOOL: St Bernadette's Catholic Primary School CLASS: _____

ADDRESS: _____ POSTCODE: _____

I AM TAKING PART IN: **Elf Run 2018**

TO CLAIM GIFT AID IT IS ESSENTIAL THAT YOUR HOUSE NUMBER AND POSTCODE ARE INCLUDED BELOW.

BY BEING A BRILLIANT SPONSOR YOU'LL HELP US TO CONTINUE TO CARE:

- £2.50** PROVIDES ALL OF BRIAN HOUSE CARE FOR ONE MINUTE
- £15** PROVIDES BOOKS TO HELP CHILDREN COPE WITH THE LOSS OF A LOVED ONE
- £30** PAYS FOR 2 HOURS THERAPEUTIC PLAY FOR A POORLY CHILD

HELP BRIAN HOUSE MAKE THE MOST OF YOUR DONATION *giftaid it*

I want to Gift Aid my donation and any donation I make in the future or have made in the past 4 years, to Trinity Hospice & Palliative Care Services. I am a UK Taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. Trinity Hospice will pay 25p on every £1 donated. **Please Tick Boxes Below**



TITLE	FULL NAME	FULL HOME ADDRESS (PLEASE USE BLOCK CAPITALS)	POSTCODE	AMOUNT SPONSORED	GIFT AID	COLLECTED	DATE COLLECTED
MR/MRS	FIRST NAME, SURNAME	A HOUSE, STREET, TOWN	AB1 2CD	£?	3	3	DD/MM/YY

THE PERSON NAMED ABOVE IS TAKING PART IN A SPONSORED EVENT TO RAISE MONEY FOR BRIAN HOUSE CHILDREN'S HOSPICE. THANK YOU FOR SPONSORING THEM TO HELP ENSURE THE HOSPICE CONTINUES TO PROVIDE CARE FREE OF CHARGE TO ALL WHO NEED IT.

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ONCE YOU HAVE COLLECTED ALL YOUR SPONSORSHIP PLEASE TAKE IT TO SCHOOL TOGETHER WITH YOUR SPONSOR FORM, OR ALTERNATIVELY SEND IT TO:
BRIAN HOUSE CHILDREN'S HOSPICE, LOW MOOR ROAD, BISPHAM, BLACKPOOL, FY2 0BG

**CHEQUES SHOULD BE MADE PAYABLE TO
BRIAN HOUSE CHILDREN'S HOSPICE**

GIFT AID REMINDER

PLEASE MAKE SURE YOUR SPONSORS FILL IN THEIR **FULL NAME, HOME ADDRESS, POSTCODE** AND TICK THE GIFT AID BOX. PLEASE SEND YOUR FORM BACK WITH YOUR MONEY SO WE CAN CLAIM THESE EXTRA VALUABLE FUNDS.
REG CHARITY NO. 511009