MIDNIGHT WALK - 16th May 2020

Name of walker ……...

Address……..

giftaid it

We, who have given our names and addresses below, and who have ticked the box entitled 'Gift Aid', want Salisbury Hospice Charity (registered Charity no. 1123314) to reclaim tax on the donation detailed below, given on the date shown. We understand that if each of us pay less income tax and/or Capital Gains Tax than the amount of Gift Aid claimed on our donation in that tax year it is our own responsibility to pay any difference.

Full Name	Home Address - TO ENABLE US TO CLAIM GIFT AID PLEASE PUT YOUR FULL HOME ADDRESS DO NOT USE A BUSINESS ADDRESS	Post Code	Amount pledged	Amount given	Date given	Gift Aid
e.g. Mr John Smith	*37 Lavender Close, Brighton. East Sussex*	*BN1 3SR*	*£10*	*£10*	*01/01/2020*	✓

Please make cheques payable to 'Salisbury Hospice Charity'

Return sponsor forms and your collected sponsorship donations to:

Salisbury Hospice Charity, Salisbury Hospice, Odstock Road, Salisbury, SP2 8BJ

You can contact the Fundraising team on 01722 416353

www.salisburyhospicecharity.org.uk

Full Name	Home Address - TO ENABLE US TO CLAIM GIFT AID PLEASE PUT YOUR FULL HOME ADDRESS DO NOT USE A BUSINESS ADDRESS	Post Code	Amount pledged	Amount given	Date given	Gift Aid
e.g. Mr John Smith	*37 Lavender Close, Brighton. East Sussex*	*BN1 3SR*	*£10*	*£10*	*14/01/2020*	✓
			Total donations	**£**		

Please make cheques payable to 'Salisbury Hospice Charity'

To be completed by Salisbury Hospice Charity

Date monies banked _____ **Gift Aid eligible amount** £ _____

Salisbury Hospice Charity

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