

..... is raising funds on behalf of **Beaumont House Hospice Care**
by taking part in the **Chicken Run 2024**



Beaumont House
Hospice Care

Local help for local people

Sponsorship and Gift Aid Declaration Form

Title	First Name	Surname	House Name or Number (NOT your work address, this is essential for Gift Aid)	Postcode	Amount sponsored	Gift Aid (tick)	Date given	Paid
Mr/Mrs/Miss	John	Smith	123	AB12 3CD	£10.00	<input checked="" type="checkbox"/>	01/03/15	
Total					£			

If you are a UK taxpayer your gift can be **increased by 25p for every £1 donated at no extra cost to you** providing you complete this form fully.

If I have ticked the box headed 'Gift Aid?' , I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Remember: You must provide your full name, home address, postcode & '✓' Gift Aid for the charity to claim tax back on your donation.

REMEMBER: Title + Full name + House Number + Postcode + = giftaid it

Beaumont House Community Hospice | Registered Charity No.:1025442
32 London Road, Newark, Nottinghamshire, NG24 1TW | Tel.: 01636 610 556 | www.beaumonthouse.co.uk

Office Use Only	Sponsor Form Details
Donation Record Details	
Date	Total Amount.....
Ref	Gift Aid Amount
Amount	Gift Aid Claimed on