



# ST CLARE HOSPICE

# Sponsor Form

I am raising money for St Clare Hospice, who provides care for people with life-limiting illnesses throughout West Essex and East Hertfordshire. The Hospice currently only receives 24% from the NHS towards their £2.7m annual running costs, that is £5,414 a day they have to raise! Please do give generously so that they can continue to fund their caring work.

<b>For office use only</b>
RE: _____
Total received: _____
Gift Aid: _____

I am raising money for St Clare Hospice by \_\_\_\_\_

Name: _____	Date of Birth: ____/____/____
Address: _____	
Contact number: _____	Email: _____

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Gift Aid allows St Clare Hospice to claim an extra 25p per £1 from HMRC. To qualify for Gift Aid, you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that we will reclaim on your donation in the appropriate tax year. Please tick the Gift Aid box and **state your full address and postcode**. Please inform us if your circumstances, name or address change.

NAME <small>To enable us to claim Gift Aid, this must be your first name and surname</small>		Gift Aid Y/N	HOME ADDRESS <small>This must be your HOME address and include your postcode so that we can claim Gift Aid. We will not use this data for mailings unless granted permission in the fifth column.</small>		Donation amount	Would you like to receive news on St Clare Hospice and its events? Y/N	Donation received?
First name	Surname		House number or name	Postcode			
<i>John</i>	<i>Example</i>	<i>Y</i>	<i>12</i>	<i>CM17 1AB</i>	<i>£20</i>	<i>Y</i>	<i>Yes</i>

Please make all cheques payable to **St Clare Hospice**. Once your event is over, please send your donation and this sponsor form to St Clare Hospice, Hastingwood Road, Hastingwood, Essex, CM17 9JX.



