



MARY ANN
YOUR LOCAL HOSPICE



Your Name:

My Target: £ *giftaid it*

GIFTAID MAKES YOUR GIFT WORTH MORE!

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 tax on every £1 that I have given.

Event name:

Event date:

Your address:

Tel. number:

Team name/Company name:

Online sponsorship page address:

SPONSOR ME!

REMEMBER: You must provide your full name, home address, postcode and tick the gift aid box. Your information will only be used to claim back the gift aid.

	First Name(s)	Surname	Home Address (NOT work add.)	Postcode	Amount	Gift Aid	Date Paid
E.G.	Jane	Smith	101 Donation Street, Nuneaton	CV10 1AB	£10.00	<input checked="" type="checkbox"/>	01/01/18
1.					£	<input type="checkbox"/>	
2.					£	<input type="checkbox"/>	
3.					£	<input type="checkbox"/>	
4.					£	<input type="checkbox"/>	
5.					£	<input type="checkbox"/>	
6.					£	<input type="checkbox"/>	
7.					£	<input type="checkbox"/>	
8.					£	<input type="checkbox"/>	
9.					£	<input type="checkbox"/>	
10.					£	<input type="checkbox"/>	
11.					£	<input type="checkbox"/>	
12.					£	<input type="checkbox"/>	
13.					£	<input type="checkbox"/>	
					Total Page One:	£	

	First Name(s)	Surname	Home Address (NOT work add.)	Postcode	Amount	Gift Aid	Date Paid
E.G.	Jane	Smith	101 Donation Street, Nuneaton	CV10 1AB	£10.00	<input checked="" type="checkbox"/>	01/01/18
14.					£		
15.					£		
16.					£		
17.					£		
18.					£		
19.					£		
20.					£		
21.					£		
22.					£		
23.					£		
24.					£		
25.					£		
26.					£		
27.					£		
28.					£		
29.					£		
30.					£		
31.					£		
32.					£		
33.					£		
34.					£		
35.					£		
36.					£		
37.					£		

UPON COMPLETION RETURN THIS FORM AND MONEY TO:
 Fundraising Department, Mary Ann Evans Hospice, Eliot Way,
 Nuneaton, CV10 7QL. Cheques & POs made payable to 'Mary
 Ann Evans Hospice'. Alternatively call 024 7686 5439 to make a
 debit or credit card payment.

Total Page Two: £
 Total Page One: £
 Total: £

THANK YOU!



OFFICE USE ONLY: Date money recieved:
 Total amount of Gift Aid Donations: £

DFN: