

# The Nightingale Community Hospice Trust

## Sponsorship Form

Name.....

Address.....

.....Post Code.....Tel. No:.....

Event.....to raise money for the Nightingale Community Hospice Trust

Event venue.....

Event date.....

Please help by sponsoring me

We, who have given our names and addresses below, and who have ticked the box entitled "(✓) Gift Aid?" want the above Charity to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the Charity on the donation.

Details of Sponsors						
Full Name	Home Address	Post Code	Amount Pledged	Amount Given	Date Given dd/mm/yy	Gift Aid? (✓)

Charity No: 1094435      Total to take forward to Page 2: