

## YOUR DETAILS Please use block capitals to fill in your details below First Name Surname House Name/Number Postcode Home Phone Mobile Phone Email Address Event Description Venue

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Please tick the box below if you would like us to Gift Aid your donation

I confirm that I am a UK income or Capital Gains taxpayer. I have read this statement and want Countess Mountbatten Hospice Charity to reclaim tax on the donation detailed on this form. 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 my donation it is my responsibiliuty to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please tick this box if you wish to hear more from CMHC

Sponsors Full Name (First name & surname)	<b>Sponsor Home Address</b> Please do not give your work address	Postcode	Donation Amount	Date Paid	Aid	Info
						Info
			I'VE RAISED A TOTAI	L OF £		

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