

For office use only

RE number: _____

Gift ID no: _____

Total received: _____

Gift Aid amount: _____



St Helena Hospice

your time...your hospice

I am taking part in _____ on _____ and raising money for St Helena Hospice who provide care for people with life-limiting illnesses. It costs in excess of £5.1 million per year for St Helena Hospice to provide care to patients and their families across North East Essex so please give generously.

First Name: _____ Surname: _____

Address: _____

Postcode: _____

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Use Gift Aid and you can make your donation worth more. For every £1 you give to St Helena Hospice, we get an extra 25 pence from H M Revenue & Customs. To claim gift aid you must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

Declaration - 'We, who have given our names and addresses below and have ticked the box headed 'Gift Aid' want St Helena Hospice to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed by St Helena Hospice on the donation.'

PLEASE COMPLETE IN BLOCK CAPITALS

Please note that without your full name and address we are unable to claim for Gift Aid

Full Name	Full HOME Address <small>This must be your home address so that we can claim Gift Aid.</small>	Postcode	<input checked="" type="checkbox"/> Gift Aid	Sponsored Amount	<small>Please tick if you do not wish to receive news on St Helena Hospice and its events?</small>	Date Paid

Please make cheques payable to **St Helena Hospice**. Once you have collected your sponsorship, please send your donation and this form to St Helena Hospice, 95-97 Magdalen Street, Colchester, Essex, CO1 2LA

Registered Charity Number: 280919

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