



# The Nightingale Cancer Support Centre

## Sponsorship Form

Name.....

Address.....

Post Code.....Tel. No:..... Email address: .....

Is participating in ..... to raise money for the **Nightingale Cancer Support Centre**

**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	Gift Aid (✓)	Amount Given	Date Received
Charity No: 1094435	<b>Total to take forward to Page 2:</b>					

Full Name	Home Address	Post Code	Amount Pledged	Amount Given	Date Given dd/mm/yy	Gift Aid? (✓)
Total brought forward from Page 1:						
Charity No 1094435	<b>TOTAL DONATIONS COLLECTED:</b>					

**Thank you so much for your support to our Hospice. We would like to keep in touch to inform you of events, developments in service and fundraising ideas for the future. If you do not wish to receive mailings to this effect please inform the Office Manager, in writing, at the Hospice address.**

All sponsor money should be sent to: Nightingale Community Hospice Trust, The Lancaster Centre, 53 Lancaster Road, Enfield, Middlesex, EN2 0BU.  
 Tel: 020 8366 9674 (Cheques should be made payable to: Nightingale)

For office use only:

Date Money received by Nightingale \_\_\_\_\_  
 Total amount of Gift Aid donations \_\_\_\_\_ x 22/78 = £\_\_\_\_\_ tax reclaimable