The Nightingale Community Hospice Trust

Sponsorship Form

Name……

Address……

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

Is participating in a Skydive to raise money for the **Nightingale Community Hospice Trust**

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	**Total to take forward to Page 2:**					

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	**TOTAL DONATIONS COLLECTED:**					

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 Community Hospice Trust)**

For office use only:

Date Money received by Hospice _____

Total amount of Gift Aid donations _____ x 22/78 = £_____ tax reclaimable