## Official Sponsorship & Gift Aid Form

This form should not be used for door to door collections.

Event:		
First Name:		
Address:		
	Postcode:	
Email:		
Telephone:		
Organisation/School: (if applicable)		

giftaid it \* For every £1 you donate, Hospice can receive an extra 25p from the Inland

Revenue. So, if you are a UK tax payer, just tick the 'Gift Aid' column - it's that simple, and won't cost you a penny

\* I want to Gift Aid any donations I make in the future or have made in the past 4 years to Northern Ireland Hospice.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. (Please notify us if you want to cancel this declaration or change your name or home address or no longer pay sufficient tax on your income and/or capital gains.)



## **Head Office**

18 O'Neill Road, Newtownabbey **BT36 6WB** 

T +44 (0)28 9078 1836 E supportercare@nihospice.org W niboonico ora

Organic	ation/ School. (if applicable)			1			w minospie	ce.org	
Title	Full Name (please print)	Full Home Address (we need this to reclaim gift aid)	Postcode	e-mail address	Date	Gift Aid (please tick)	Would you like to hear more about our work (please tick)	Amount	
Remember your £1 = £1.25 if you gift aid it									



Title	Full Name (please print)	Full Home Address (we need this to reclaim gift aid)	Postcode	e-mail address	Date	Gift Aid (please tick)	hear more about our work (please tick)	Amount
		Remember your £1	= £1.25 if y	ou gift aid it				

