I'm running 29 miles in February to support St John's Hospice

Name:



Please sponsor my challenge supporting St John's Hospice



| PLEASE TICK THE BOX TO BOOST YOUR DONATION BY 25P OF GIFT AID FOR EVERY £1 YOU DONATE. I want to Gift Aid my donation and any donations I make in the future, or have made in the past 4 years, to St John's Hospice, Lancaster. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Gift Aid is reclaimed by St John's Hospice from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. | | | | | | | | | |
|---|--|----------|---|-----------------|-------------------|--|--|--|--|
| Full Name | Home Address (Not your work address – this is essential for Gift Aid) | Postcode | | Total Amount | Date Collected | | | | |
| John Hospice | A House, A Street, A Town | AB1 2CD | 1 | £30 | DD/MM/YY | | | | |
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I'm raising vital funds for St John's Hospice!

| Full Name | Home Address (Not your work address – this is essential for Gift Aid) | Postcode | giftaid it | Total Amount | Date Collected |
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| BY POST: You can send us a cheque made out to St John's Hospice to Slyne Road, Lancaster, LA2 6ST. Please include your sponsor form. Please DO NOT send cash in the post. | IN PERSON: Pop into the Hospice on Slyne F and hand your sponsor money in at our rece during office hours. | | TOTAL RAISED: | |
|--|--|---------------------------------------|---|--|
| Petails of person being sponsored. This box MU Fitle: Full Name: | ST be completed prior to submission. | and their with you | families, and we look fo | vital care to our patients rward to keeping in touch aring our news, activities |
| Address: | | Yes | s, I'm happy to hear m you by email | No, I would like to opt-out of emails |
| Postcode: Signed: | Parent/Guardian if under 16 | we'll make here. If yo change h | e sure we honour the pr ou would rather not hear | mmunications in the past, eferences you express from us, or would like to ase phone our Supporter |
| | mount Received: | Co | ontact Preferences Pr | ocessed: |