North Devon Hospice
Registered Charity 286554

DEVON COAST-COAST CHALLENGE

2010
It's coming home!

JUNE 2010 NORTH DEVON FESTIVAL

SPONSORSHIP AND GIFT AID DECLARATION FORM

Name _____ 70/100 Mile Route Completed
Address _____
Postcode _____ E-Mail _____

We, who have given our names and addresses below, and who have ticked the box entitled Gift Aid? (✓), want North Devon Hospice 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.

Full Name	Postcode	Home Address	Amount Pledged	Amount Received	Date Given	Gift Aid ? (✓)
Mr A Name	EX12 ABC	1, The Street, A Town	£5.00			✓
		Sub Total				

PLEASE SPONSOR GENEROUSLY AND REMEMBER TO ✓THE GIFT AID BOX IF YOU ARE A TAX PAYER!

Full Name	Postcode	Home Address	Amount Pledged	Amount Received	Date Given	Gift Aid ? (✓)
Mr A Name	EX12 ABC	1, The Street, A Town	£5.00			✓
		Sub Total				

TOTAL DONATIONS	£

TO BE COMPLETED BY NORTH DEVON HOSPICE:

Total amount of Gift Aid donations: £ x 25/75 = £ tax reclaimable

We sincerely appreciate you supporting The Coast to Coast Challenge 2010 and raising vital funds for your local North Devon Hospice. Thank you!