

Bed Push at Basingstoke Hospital 23rd April 2016
In aid of the North Hampshire Medical Fund
Thank you for your support

Please sponsor me _____ to take part in a Bed Push in aid of North Hampshire Medical Fund

Remember: You must provide your full name, home address, postcode & tick Gift Aid ✓ for the charity to claim tax back on your donation.

Sponsor's Full Name	Sponsor's Home Address <i>Only needed if you are gift aiding your donation. Don't give your work address if you are gift aiding your donation.</i>	Postcode	Contact details	Date	Amount £	Gift Aid ✓
Total Donations Received	£					
Total Gift Aid Donations	£					

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If I have ticked the box headed 'Gift Aid ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please ensure this form is filled in correctly, and return it with your donations to North Hampshire Medical Fund, Basingstoke Hospital, Aldermaston Road, Basingstoke, RG24 9NA as soon as possible after the event.