



Please sponsor my fundraising event for **The Shakespeare Hospice!**

My name is and I am raising money by

Please sponsor me and help me reach my target of £

£100 Will pay for 2 visits by Hospice at Home nurses to provide end of life care in a patients home.

£100 Will pay for 1 nurse on call overnight to support patients and their carers choosing to die at home.

£100 Will pay for 3 sessions with a counsellor to work though the issues related to living with a life limited illness.

If you're a UK tax payer please write your name and address with postcode (no ditto marks please) and sign the Gift Aid column and the Government will give us an extra 25 per cent for your donation at no cost to you. Thank you!

| | Full name | House Name/ Number | Postcode | Donation | Gift Aid Signature* | Email Address | Date given | Opt in for email** | Opt out for post*** |
|----|--------------|-----------------------|---------------|----------|------------------------|------------------|------------|-------------------------------------|---------------------------|
| 1 | Lesley Smith | Church Ln | C V 3 7 9 U L | £10 | | LSmith@gmail.com | 22/03/2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |



Registered with
**FUNDRAISING
REGULATOR**

* If I have signed the column titled "Gift Aid Signature, I agree I am a UK Taxpayer and want The Shakespeare Hospice to treat all donations I have made for the past four years, and all future donations I make from the date of this declaration as Gift Aid Donations, until I notify you otherwise. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax all Charities or Community Amateur Sports Clubs reclaim on my donations in the appropriate tax year. I understand that if I pay less Income and/or Capital Gains Tax to cover the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay back any difference.

** By providing your email address and ticking opt in, you give us permission to contact you via email.

*** If you're happy for us to stay in touch by post, you don't need to do anything. If you do not wish to hear from us by post, please tick the 'Opt out of post' box. Children under 13 must obtain consent from a parent or guardian before providing personal information

For further details on how your personal information is used please visit www.theshakespearehospice.org.uk/privacy_statement

Find out more about
The Shakespeare Hospice at:
www.theshakespearehospice.org.uk.

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|----|-----------|-----------------------|----------|----------|------------------------|---------------|---------------|--------------------------|---------------------------|
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
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| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

Total raised £:

campaign number:

Please photocopy this form as required.

Remember to pay your money in. Just return your cheque for the money you have raised (made payable to The Shakespeare Hospice) to Community Fundraising, Church Ln, Stratford-upon-Avon CV37 9UL. For further info on banking funds, give us a call our team on 01789 266852.

**** Our fundraising events also request information about the participants. Anyone under the age of 16 must obtain parental or guardian consent before participating in an event organised by The Shakespeare Hospice. Children aged under 13 must obtain the consent of a parent or guardian before providing any personal information. For further details on how your personal information is used please visit www.theshakespearehospice.org.uk/privacy_statement You can change your mind at any time about the ways we contact you by calling our Fundraising Team on 01789 266852 or emailing us at fundraising@theshakespearehospice.org.uk You can also tell us if you no longer wish to hear from us.

Supporter, Please fill in your details here so we can process your contributions.

Title: First name: Surname:

Address 1:

Town: County: Postcode:

Email Phone

We will use the details you provide us below to tell you about how much your support is helping The Shakespeare Hospice and other ways you could support us in future which could include other volunteering opportunities, group fundraising opportunities or giving an occasional one off donation.

I am happy for The Shakespeare Hospice to contact me by email SMS

Please don't contact me by Post Phone

If you are under 16 please tick here****

