

PLEASE SPONSOR ME

Name of participant:

Address:

.....

.....

Is fundraising in aid of HOSPICE AT HOME WEST CUMBRIA.

Registered Charity Number: 1086837



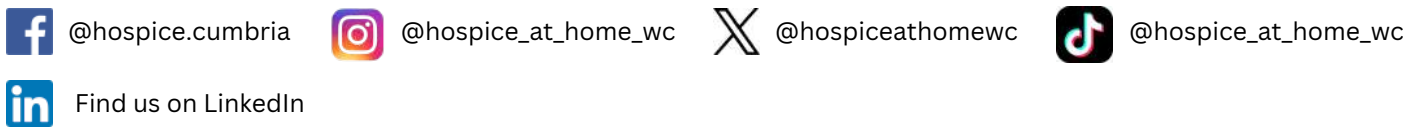
If I have ticked the box headed 'Gift Aid? v', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax 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.**



Name (First Name and Surname)	Address <i>(we cannot claim gift aid if a work address is used)</i>	Postcode	I'm happy for Hospice at Home West Cumbria to contact me v	Amount	Date	Gift Aid? v	Paid

Every year we must raise over £1.5million to provide our vital services which include Home Nursing, Family and Bereavement support, Complementary Therapies and Specialist Lymphoedema care. Every penny raised stays within West Cumbria and helps us to care for hundreds of local patients, their families and loved ones.

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Please return this form together with your sponsor money to:
Hospice at Home West Cumbria, Therapy and Resource Centre, 10 Finkle Street, Workington, Cumbria, CA14 2BB.

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