Isabel Hospice Sponsorship Form -



Please make cheques pavable to Isabel Hospice and return to Head O	ffice, 61 Bridge Road East, Welwyn Garden City, Hertfordshire AL7 1JR
Email:	. Phone Number:
	Postcode:
Address:	
Event Name:	. Date:
Name:	

Make your donation worth 25% more!



If you are a UK taxpayer, you can boost your donation by 25p for every £1 you donate.

If you tick the column on the right, you are confirming that you are a UK taxpayer, and you agree for us to treat all donations you make or have made to Isabel Hospice for the past 4 years as Gift Aid declarations until further notice.

You also confirm that you are a UK taxpayer and understand that if you 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 your responsibility to pay any difference.

Name (First Name and Surname)
Home Address (Only needed if you are Gift Alding your donation), Please don't put your work address
Postcode
Amount £
Date paid
Gift Ald? \checkmark

Image (First Name and Surname)
Image (First Name and Surname)<

Please let us know if you want to cancel this declaration, change your home address or no longer pay sufficient tax.

Name (First Name and Surname)	Home Address (Only needed if you are Gift Aiding your donation), Please don't put your work address	Postcode	Amount £	Date paid	Gift Aid? 🗸
Amount raised online (if any)					
Total donations received					
Total Gift Aid donations					