

# THE RUGBY MARCH

# SPONSORSHIP FORM



St Peter's Hospice

Date of event: **Saturday 22 March 2025**

In memory of:

Relationship to you:

Full name:

Names of team members:

Home address:

Telephone:

Postcode:

Mobile:

Email:

Are you also raising money via justgiving or enthuse?

Yes

No

Please keep this form safe. We will need you to return it to use to claim Gift Aid. We promise not to add any of your sponsors personal details to our database.

If you have any queries please telephone  
**St Peter's Hospice**  
Unit 18 Orchard View  
Estune Buisness Park  
Pear Tree Avenue  
Long Ashton  
Bristol BS41 9FR

If you have any queries please telephone  
**01275 391 400**

Amount of sponsorship money i'm sending with this form:

£

Date donations given or sent to St Peter's Hospice

Please don't forget to Gift Aid - you'll help us raise an extra 25%

*giftaid it*



Registered with  
**FUNDRAISING  
REGULATOR**

Registered Charity No. 269177

For more information about our work visit our website [stpetershospice.org](http://stpetershospice.org)  
or find us on Facebook [facebook.com/stpetershospice](https://facebook.com/stpetershospice)

**Sponsors - please read:** If I have ticked the box headed 'Gift Aid it ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Peter's Hospice to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax and/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 I have given.



**\*All fields must be completed in full in order for us as shown below in order for us to claim Gift Aid**

Gift Aid it ✓	Postcode	Title	Forename	Surname	House name or number	Amount £	Date paid
<input checked="" type="checkbox"/>	AB1 3VC	MR	ALAN	SAMPLE	1	£20	DD/MM/YY
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