



# SPONSORSHIP FORM



Date of event: **Saturday 5 April 2025**

In memory of:	Relationship to you:
---------------	----------------------

Full name:

Names of team members:

Home address:

Postcode:

Telephone:

Mobile:

Email:

Are you also raising money via justgiving or virginmoneygiving.com? 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%



Registered Charity No. 269177





