

COLD WATER DIP 2024

Sponsorship Form

1 Dec
2024

Portishead
Open Air
Pool

From
2.30pm



In memory of:

Relationship to you:

Full Name:

Names of team members:

Full Name:

Telephone:

Postcode:

Mobile:

Email:

Are you also raising money via JustGiving or another online platform:

Yes No

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

Please post your completed sponsorship form to us:

St Peter's Hospice
Unit 18 Orchard View
Estune Business 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



For more information about our work visit our website stpetershospice.org
or find us on Facebook 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.

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Gift Aid it ✓	Postcode:	Title	Forename	Surname	House name/number	Amount (£)	Date paid
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Don't forget to Gift Aid your sponsorship

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