

# STARLIGHT STRUT

Your name:  
Your team name, if applicable:  
Your house number:  
Your postcode:

*giftaid it*

**Proudly supporting**



## Make your pledge worth more with Gift Aid

Please write in blue or black pen in CAPITAL letters. All fields are mandatory. Please include your home address (not your work address, otherwise we will not be able to claim Gift Aid). Sponsors must complete their own details – forms in the same handwriting are not valid for Gift Aid purposes.

1. Gift Aid - If I have ticked the box headed 'Gift Aid', I want my donations given to Treetops Hospice Care to be Gift Aided until I notify otherwise. I am a UK taxpayer and understand that if I 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 my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

2. Hear from Treetops? - If you wish to receive news about Treetops Hospice Care by post, please write Y. Treetops Hospice Care stores your personal data on our database for marketing and administrative purposes. We do not share your details with third parties. Thank you for your support.

Title	First Name	Last Name	House number	Postcode	Amount	Date paid	Gift Aid <sup>1</sup> (tick)	Hear from Treetops? <sup>2</sup> (Y/N)
MS	ANNE	OTHER	1	DE1 1AA	£10	30/06/19	✓	Y
Cash/cheque total							£	
Online fundraising total (e.g. JustGiving)							£	
OFFICE USE ONLY - Total eligible for Gift Aid							£	
OFFICE USE ONLY - Total NOT eligible for Gift Aid							£	