St Luke's NIGHT STRIDER

Your donation will help St Luke's carry on caring for people throughout our region who have terminal illnesses and support their families - completely free of charge.

Sponsor Form

Title: Name:

Date of birth:

Company name (if any):

Team name (if any):

Address:

Postcode:

Home tel: Mobile:

Email:

We'd like to keep you up to date with our news, developments and events via email, SMS or post. We will never sell or swap your details with other organisations for them to use for their own purposes, and you can opt out of communications by contacting us at any time.

☐ I am happy for St Luke's to contact me

If you want to know more about how we look after your data, please see the privacy notice which is available on our website.

☐ Gift Aid ✓ Ticking this box helps us turn £1 into £1.25!

Date: ☐☐ / ☐☐ / ☐☐

Make your gift work harder and turn £1 into £1.25!

giftaid it

If I have ticked the gift aid box then I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to St Luke's Hospice. 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.

Remember you must provide your full name, home address, postcode & '✓' Gift Aid for the charity to claim tax back on your donation.

Sponsor's Full Name (First name & surname)	**Sponsor's Home address** Only needed if you are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation.	**Gift Aid**	**Amount**	**Date paid**
Ms Ann Sponsor	13, S13 1AB	✓	£50	1/7/18

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Ms Ann Sponsor	13, S13 1AB	✓	£50	1/7/18