

Thank you for your sponsorship, and helping the North Devon Hospice provide its specialist care for local people.

FULL NAME	HOME ADDRESS (if signing gift aid)	POST CODE	AMOUNT PLEGGED	AMOUNT RECEIVED	GIFT AID (✓)
SUB TOTAL				£	

TOTAL DONATIONS £

TO BE COMPLETED BY NORTH DEVON HOSPICE:
Date monies received:

Total amount of Gift Aid donations: £ x 25/100 = £ tax reclaimable