Leicester Hospitals Charity

Sponsorship Form

Please Support Me	
I'm raising funds for	

Registered Charity Number: 1056804

Please ask your sponsors to fill in the form below. We need their full name, house number and postcode to enable us to claim Gift Aid from the government. **We will not pass this information on to a third party.** You can read our Privacy Policy at **www.lhcharity.org.uk/privacy.**

Name	House Name/Number Do not use work address	Postcode	Donation (£)	giftaid it	Signature	Opt In	Opt Out
		Total:					

We can claim an extra 25p for every £1 donated and it doesn't cost a penny!

I confirm that I am a UK taxpayer and want Leicester's Hospitals to reclaim the tax as Gift Aid on this donation, any previous donations for the past four years and any future donations until I notify you otherwise. I understand that Gift Aid is reclaimed by the Charity from the tax I pay for the current year and if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed in that tax year it is my responsibility to pay any difference.

By providing your signature and ticking the 'Opt In' box, you are giving Leicester Hospitals Charity permission to contact you in the future. By ticking the 'Opt Out' box, you are declining permission for us to contact you in the future.

www.LHCharity.org.uk

0116 258 8709

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		Total:					

Please make cheques payable to 'Leicester Hospitals Charity' and return to
Leicester Hospitals Charity, Belgrave House, Leicester General Hospital, Leicester, LE5 4PW.
For other ways to pay in sponsorship monies, please visit our website or call our team.

Office use only	
Postcode	
Gift Aid	
Fund Number	