

Please Sponsor Me



at the Heart of our Community

PLEASE USE BLOCK CAPS

I _____ will be taking part in
the _____ on _____
Please help me raise £ _____ in aid of Michael Sobell Hospice

If you pay UK tax * and tick the Gift Aid box the Government will give us 25% on top of your donation. We use this to help cover our running costs. It won't cost you a penny.

Please give your full name and home address and tick below or we can't claim Gift Aid.



The Michael Sobell Hospice Charity is dedicated to supporting the work of Michael Sobell Hospice Inpatient Unit and Day Therapy Unit, providing specialised end of life care and support to local people, their families, friends and carers.

giftaid it

Full Name	Home Address	Postcode

Total Amount	Date Collected

*You must be a UK taxpayer and understand that if you pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all your donations. It is your responsibility to pay any difference.



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Total raised:

Remember to pay in the cash you've raised – here's how:

- By post** – return this sponsorship form with a cheque made payable to 'Michael Sobell Hospice' to **Michael Sobell Hospice Charity, Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN.**
- In person** – you can pop in and pay at our office next to the hospice. To get here by car enter via Gate 3 on White Hill and for SatNav users please use this postcode; WD3 1PZ. We are open Mon-Fri, 8.30am-5.00pm.
- By phone** – you can pay using a debit/credit card via telephone by calling **020 3826 2360**
- Online** – Goto www.michaelsobellhospice.co.uk/donate - please quote your full name, walker/rider number(if applicable), and the name of the event/fundraising challenge.

For office use only.

DETAILS OF THE PARTICIPANT BEING SPONSORED – PLEASE USE BLOCK CAPS

Walker No. Your Full Name:

Address:

Postcode:

Email: Tel No.

Signature: Date: